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ABSTRACT

In its seventh year of evaluating children's services, the Children's Program Outcome Review Team (CPORT), under the direction of the Tennessee Commission on Children and Youth, continued to collect and analyze data to improve service delivery to children and families involved in state custody. The CPORT evaluation for 2000 collected and organized essential information about the population served, needs of children and families, and the system's ability to adequately perform functions to meet those needs. Twelve reviewers collected pertinent information through in-depth structured interviews with a sample of the population served. Each interview contained questions about the status of the child and family, functions of the service delivery system, demographics, and TennCare (health insurance) implementation. Interviews were conducted with the child, parents, custodial department workers, caregivers, foster parents or care staff in group facilities, court representatives, teachers, and other relevant service providers. Case records were also reviewed. The 2000 CPORT findings indicated a slight decline in the overall status of children compared to 1999. Although most children were in a positive status (84 percent), the emotional well-being factor continued to be the primary factor in defaulting the overall status of the child to negative. The overall service system function declined to 42 percent in 2000 from 46 percent in 1999. The assessment indicator for identifying needs of children and families was the lowest ever (68 percent). The weakest system function was permanency plan design. Recommendations were made for improving services, for training case managers, and for additional resources. (Six appendices include preliminary regional findings, and graphs of data.) (KB)

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Children's Program Outcome Review Team

2000 Evaluation Results

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Tennessee Commission on Children and Youth

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Children's Program Outcome Review Team 2000 Evaluation Results

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Tennessee Commission on Children and Youth

Children's Program Outcome Review Team 2000 Evaluation Results

Executive Summary

In 1993, the Tennessee Commission on Children and Youth (TCCY) began development of an innovative evaluation process that "tests" service system performance and outcomes by examining relevant aspects of the lives of children and families being served. Implemented in 1994, the ultimate goal of the Children's Program Outcome Review Team (CPORT) is to promote positive change by providing qualitative and quantitative information about the status of the child/family and service system functioning for the cases reviewed.

CPORT reviews are conducted in each of the state's 12 regions on a random sample of children in state custody sufficient to provide validity at the 95 percent level statewide, and the 85 percent level regionally.

The CPORT process includes a review of records and collection of the following items from the records (when available):

- Petition that led to custody;
- Court order for custody;
- Social History;
- Psychological Evaluation;
- Other specialized evaluations;
- Permanency Plan;
- Individual Education or Program Plan.

A protocol consisting of a set of questions is used to collect information through structured interviews with the following:

- Child, if age appropriate;
- Parent (s);
- Caregiver (foster parent or direct care staff in a facility);
- Case manager (usually two in Tennessee, Home County and Residential Case Manager);
- Teacher or other school representative;
- Representative of the court ordering custody;
- Any other relevant service provider (Guardian ad Litem, therapist, etc.);
- Other significant/relevant person (relative, friend, coach, etc.).

The majority of information is collected through the interview process.

Separate measures are used to identify child behaviors. The parent/caregiver and the teacher/school representative are also asked to complete an Achenbach Child Behavior Checklist (CBCL) and a Teacher Report Form (TRF). The reviewer completes a Child and Adolescent Functional Assessment Scale (CAFAS).

Following collection of all information, the reviewer writes a brief narrative summary of the case and completes a "Summative: Assessment of Key Domains." The "Summative" has the reviewer answer questions that lead to conclusions regarding the status of the child and the adequacy of the service system functioning on a number of indicators. Additionally, the reviewer completes a "Case Profile" that is used for basic data entry regarding the case. The indicators marked with an asterisk were deemed essential by the Interdepartmental Design Team that developed the original CPORT protocol. Consequently, all asterisked items had to be positive for an overall positive or adequate rating.

Status of Child/Family

1. Safety*
2. Emotional Well-being*
3. Physical Well-being*
4. Caregiver Functioning*
5. Stable Home
6. Permanence
7. Appropriateness of Placement
8. Educational Progress
9. Family Unification
10. Independent Living (13+)
11. Child Satisfaction
12. Family Satisfaction
13. Overall Status

Service System Functioning

1. Assessment*
2. Long-term View*
3. Child Participation*
4. Family Participation*
5. Service Plan Design*
6. Service Plan Implementation*
7. Service Coordination*
8. Monitoring/Change*
9. Advocacy
10. Early Child and Family Intervention
11. Home and Community Resources
12. Placement Resources
13. Supportive Interventions to Achieve Goal
14. Urgency Response
15. Progress Achieved-Child
16. Progress Achieved-Family
17. Overall Adequacy

Obviously, it would be desirable if all children were in a positive status on all indicators and all system functions were performed adequately, but this would be an unrealistic expectation. There are no established standards of realistic expectations. The overall goal is to improve or maintain an acceptable level or standard that provides the most desirable and appropriate services to children in care and their families.

The following information summarizes findings for the state sample of 348 cases reviewed by the CPORT process in 2000:

Demographic Information on Cases Reviewed

- Reported annual household income for 45 percent of the families of children in custody ranged from less than $5,000 to $14,999; 30 percent reported incomes between $15,000 to 24,999.

- Thirty-nine percent of the parents of children in custody had some 9-12th grade education reported, but had not graduated from high school.
- Greatest number of petitions was filed by the Department of Children's Services/ Department of Human Services (55 percent).
- The majority of children were adjudicated Dependent/Neglect (68 percent).
- Children exhibiting behavior problems (29 percent), including delinquent and unruly behavior, and neglect by caretaker (32 percent) were the main reasons for children to enter custody.
- A substantial number of children were in foster placements, including regular and therapeutic custodial department foster homes and regular and therapeutic contract foster homes (40 percent).
- The majority of children in care were age 13 and over (60 percent).
- Majority of children in custody were Caucasian (59 percent).
- Majority of children in custody were male (60 percent).
- A little over one in three children (38 percent) had a formal mental health diagnosis, an increase from last year (36 percent).
- Children age 6-12 were remaining in custody an average of 1188 days, longer than other age groups.

Critical Issues: Children and family conditions that contributed to the risk of children entering or remaining in custody included:

- Sixty-five percent (65 percent) of the children had little or no relationship with their fathers.
- Sixty two percent (62 percent) of the children had parents with substance abuse issues.
- Fifty-nine percent (59 percent) of the children had parents who were or had been incarcerated.
- Forty-three percent (43 percent) of the children were from homes below poverty level.
- Thirty-five percent (35 percent) of the children had little or no relationship with their mothers.
- Thirty-two percent (32 percent) of the children had experienced domestic violence in the home.
- Thirty percent (30 percent) of the children have substance abuse issues, 74 percent of the children adjudicated delinquent, and 49 percent of the children age 13 and over.
- 1 in 4 children had been allegedly sexually (23 percent) or physically (25 percent) abused.
-

CPORT Findings: Status of the Child/Family

- Most children in custody were in a positive status (84 percent).
- Most children were safe from harm (93 percent).
- The emotional well-being of most children in custody was adequately addressed (88 percent).
- The physical well-being of the great majority of children was adequately addressed at the time of the review (97 percent).

- Most children were placed with adequate caregivers (93 percent).
- Most children were in the least restrictive, most appropriate placement to meet their needs (90 percent).
- Most children were in stable placements, not likely to disrupt (90 percent).
- For most children, the system had identified an appropriate permanent goal (88 percent).
- Independent living skills were being addressed for most children age 13 and over (87 percent).
- Eighty percent (80 percent) of the families were receiving services to remain intact or to reunify.
- Most children were making progress in education or a vocation (80 percent).
- The lowest indicator was in family satisfaction (68 percent adequate).
- The status of children/families was more likely to be positive overall if child were age 5 and under, adjudicated dependent/neglect, and in foster placement.
- There were no major differences in the status of the child/family based on gender, or race.
-

CPORT Findings: Adequacy of Service System Functions

- In most cases the system adequately identified the long-term view for services (85 percent).
- The system was engaging most children in the planning and implementation of services, if age appropriate (90 percent).
- The system engaged most families in the planning process (89 percent).
- Efforts were made to provide home and community-based services for most children and families (91 percent).
- In most cases the system was able to respond to problems of an urgent nature (92 percent).
- Most children were achieving progress (88 percent), especially younger children.
- Advocacy for children and families was 72 percent adequate, a decline from last year.
- The majority of families were achieving progress (59 percent).
- Supportive intervention to achieve the permanent goal remained the same as last year (76 percent).
- Areas of deficiency in system performance included Assessment of Needs (68 percent), Permanency Plan Design (63 percent), Service Coordination (71 percent), and Progress Achieved-Family (59 percent).
- As a result of the default process, service system functioned adequately to meet needs of child/family (42 percent).
- There were no major differences in the adequacy of service system functions based on age, or gender.
-

CPORT Preliminary System Observations

Content analysis of strengths and performance issues across 12 Community Service Agencies revealed common strengths and weaknesses.

Strengths Identified Statewide

- Most children were appropriate for custody at the time of custody.
- Efforts were made to place siblings together.
- Most children were in the least restrictive, most appropriate placement to meet their needs.
- The majority of children were in placements close to home or in the CSA region.
- In most cases the TNKIDS extract contained accurate information.
- The majority of foster homes were high quality and very committed to children, and many are willing to adopt.
- Most children were receiving current Early and Periodic, Diagnosis and Treatment screenings.
- Substantial services had been provided in an effort to prevent custody.
- There was an overall reduction in TennCare issues.

Weaknesses Identified Statewide

- Many children experienced multiple placements (four or more).
- The assessment of needs identified for children/families was often inadequate.
- Many Permanency Plans were inadequate, not addressing current issues.
- A number of children experienced excessive stays in temporary placements – detentions, emergency shelters and/or diagnostic shelters.
- Majority of caseworkers possessed 12 months or less experience.
- Many children stayed in custody too long.
- Service coordination and communication between various system components were often inadequate.
- Many caseworkers experienced caseloads of 25 or more.
- A small number of children experienced multiple custodies, in some cases three times.
- A small number of children received Home TIES/Crisis Intervention but still entered custody.

TennCare/TennCare Partners/MCO/BHO/EPSDT Issues

Overall, there has been a reduction in TennCare problems statewide. Compared to last year fewer problems were reported in eight of the 12 CSA regions. The regions with the most reported problems were South Central, Mid-Cumberland, and Upper-Cumberland. TennCare issues included the following:

- Delays in receiving dental services due to an inadequate provider network.
- Delays in medical services due to an inadequate provider network.
- Providers not paid/coverage denied, including prescription medications, special services, and special medical supplies.
- Lapses in services due to failure to transition children in TennCare when custody ceased, or when placement changed.

Summary of CAFAS Findings

The Child and Adolescent Functional Assessment Scale (CAFAS) is a separate measure used to assess the child's psychosocial functioning and has been adopted by several other states for evaluating state-served children. The assessment tool contains five psychosocial scales that apply to the child: role performance, behavior toward self/others, moods/self-harm, thinking, and substance use. To each of the scales, the CAFAS applies a 4-level rating system that is used to indicate the degree of dysfunction manifested in each area. The higher the rating, the more severe the level of dysfunction. The level of functioning is expressed in terms of degree of impairment, rated as severe, moderate, mild, or minimal/no impairment.

The total sample consisted of 294 children (those age eligible, and with a completed CAFAS). Of the 294 cases, 62 percent of the children where rated as impaired in at least one of the five areas, with 44 percent receiving impaired ratings in two or more areas. Thirty-nine percent of the children rated a moderate or severe impairment in at least one area. Among the cases reviewed, the two domains with the most problems in functioning reported were role performance (the effectiveness with which the child fulfills the roles most relevant to his or her place in the community) and behavior toward self or others. Overall, the CAFAS total scores indicated the following treatment needs for the sample population of children and youth in state care: 38 percent, supportive intervention; 22 percent, short-term treatment (up to 6 months); 15 percent, periodic treatment over a 6-24 month period; and 25 percent long-term treatment (1-5 years).

Conclusion

The CPORT process provides significant qualitative and quantitative information about the status of children and families and service system performance. The 2000 results indicate a slight decline in the overall status of children compared to the previous year (84 percent compared to 87 percent), with a slight decline on all essential indicators. Overall most children are in a positive status, but the emotional well-being indicator continues to be the primary factor in defaulting the overall status of the child to negative. The 12 percent of children rated inadequate in emotional well-being needed services to address issues of physical/sexual abuse, grief/separation/loss, and/or abandonment, especially for children age 13 and over, and in family placements. While only eight percent of the children in custody were adjudicated unruly, these children were least likely to receive services to address their emotional well-being.

In 1999 the system functioned adequately 46 percent of the time, a considerable improvement over 1998 (33 percent), but in 2000 the overall service system function declined by 4 percentage points to 42 percent. The assessment indicator for identifying the needs of children and families was the lowest ever (68 percent), especially inadequate for children age 6-12, African American, and in family placements. This most essential indicator that correlates to other essential system functions had been a strength from 1994 to 1997. The weakest system function was permanency plan design (63 percent adequate), especially for African-American children, and children adjudicated unruly. Inadequate assessments and

permanency plans contributed to inadequate progress achieved by the family, especially children in foster placements, and children remaining in custody too long.

TCCY CPORT Recommendations

- Increase prevention and early intervention services to reduce the risk of custody.
- Ensure children and families receive adequate assessments.
- Improve the development of Permanency Plans to address the issues/barriers that led to state custody, as well as the on-going educational and treatment needs of children and their families.
- Provide substance abuse treatment services for parents and older children.
- Provide a single case manager for each child.
- Improve supportive intervention services to achieve the permanent goal for the child/family.
- Reduce the number of children in custody too long.
- Continue to reduce caseloads.
- Improve advocacy for children and families regarding reunification and termination of parental rights and adoption, especially for children age 6-12, and in foster placements.
- Provide sufficient placement options to eliminate excessive stays in detention/emergency shelter/diagnostic shelter, to provide placements closer to home, and to provide sufficient therapeutic placements.
- Improve communication and coordination among all parties that work with the children and their families.
- Improve system performance for all children, especially African American, and in family placements
- Provide more family-focused services to facilitate timely and successful reunification.
- Continue the CPORT evaluation process and utilize results for continuous improvement efforts.
-

Training Recommendations

During the interview process case managers in each region identified training needs that would better prepare them to perform their job responsibilities. Based on the regional CPORT results CPORT reviewers also identified training needs. A content analysis of the training needs across the 12 Community Service Agencies are recommended as follows:

- Provide regional training, including a focus on region-specific issues.
- Provide sufficient training to staff to provide them with needed skills to fulfill job roles and responsibilities.
- Provide detailed and specialized casework skills training, including increased hands-on experience.
- Provide supportive supervision and mentoring.
- Improve assessments by improving skills in social history development and updating, and recognizing the need for psychological evaluations and/or specialized assessments.

- Improve permanency plan development to address the needs and problems identified in the assessment.
- Ensure that children and families have Permanency Plans that address current issues/strategies/services, and have clear goals.

Recommendations For Additional Resources

Case managers and/or the CPORT reviewers identified the following resource needs during the interview process and/or the development of the final CPORT results for each region:

- Regular and therapeutic foster homes.
- Level II and Level III residential treatment, including sex offender treatment.
- Substance abuse services for adolescent children and for parents.

These resources are needed to eliminate excessive stays in detention/emergency shelter/diagnostic shelter, to provide placements closer to home, to provide sufficient therapeutic placements, and to provide foster homes that become potential adoptive placements.

The CPORT process has systematically documented the status of children and the performance of the service delivery system as it continues to evolve in Tennessee. It is an important vehicle for both documenting and stimulating positive system change. The process serves as both a road map and a compass. It shows us where we are and points us in the direction we need to go for continuous improvement in the delivery of services to children and families.

Tennessee Commission on Children and Youth
Children's Program Outcome Review Team
2000 Evaluation Results

Introduction

In its seventh year of evaluating children's services, the Children's Program Outcome Review Team (CPORT), under the direction of the Tennessee Commission on Children and Youth (TCCY), continued to collect and analyze data to improve implementation of service delivery to children and families involved in state custody. The CPORT evaluation collected and organized essential information about the population of children served, needs of the children and families, and the system's ability to adequately perform functions to meet the needs of the children and families it serves.

The CPORT evaluation uses the "service testing" method, also referred to as "quality service review," for measuring service delivery outcomes. Service testing is similar to consumer product testing with the following objectives: 1) to determine how well individual consumers are doing in areas related to the services received, and 2) to determine how well system service functions worked in those cases. Service testing is a form of case study that combines evidence gathered through documentary analysis, interviews, and observations to render findings for individuals and for the system as a whole, based on the experience of those individuals. The purpose is to provide a tool that promotes overall quality improvement in providing services to children and families, and to stimulate change and instill principles of good practice.

The Tennessee Commission on Children and Youth employs a core group of 12 full-time, trained reviewers whose sole function is to conduct reviews for the CPORT evaluation. Each reviewer possesses an average of 10 years of individual employment experience related to providing services to children. Their varied backgrounds include social services, community health, mental health, and education. All possess experience in children's services and experience with the juvenile court.

The CPORT evaluation process is funded through the Department of Children's Services, and the funding for the evaluation is derived from the following:

- 12 percent Title IV-E foster care and adoption;
- 4 percent Title IV-E training;
- 1 percent Title IV-B;
- 13 percent SSBG;
- 7 percent TennCare administration;
- 20 percent TennCare treatment; and
- 43 percent unmatched state funds.

Reviews for 2000 began February 14, and involved 45 to 60 randomly selected cases in each of the 12 Community Service Agency regions. Data for 2000 were reflective of the population of children in the custody of the Department of Children's Services. Children are assigned a home county case manager responsible for completing an assessment on the child and family and developing the Permanency Plan based on the needs identified in the assessment. A residential case manager is also assigned to the child and provides the primary fact-to-face contact with children in out-of-home agency placements. A third case manager, referred to as a resource case manager, is responsible for managing the contracts and foster care resources for DCS, and is responsible for obtaining appropriate out of home placement for the child. The 1998 results are considered the initial baseline data on the dual case manager service delivery model from which to measure improvement. Comparative data is included in the report.

At the beginning of 2000, Tennessee had approximately 11,289 children in custody (a decrease of approximately 500 children compared to 1999). To evaluate the outcomes for a representative sample of children served by the state, the sample size was predetermined in order that the results of the case review process would be statistically significant at the 85 percent level of confidence with +/-15 percent accuracy for each regional sample. The number of cases reviewed statewide is sufficient to be statistically significant at the 95 percent level of confidence +/-05 percent accuracy for the state sample. These estimates indicate that a sample size of 580 children for the regional distribution of results and 348 children for the statewide distribution of results would be sufficient in reflecting the target population.

Pertinent information was collected utilizing a special instrument called a protocol. The protocol contained a series of in-depth structured interviews, and each interview contained a set of questions regarding the status of the child and family, the functions of the service delivery system, demographics, and TennCare implementation. Interviews were conducted with the following: child (if age appropriate), parent(s), custodial department worker(s), caregiver(s) (foster parent or direct care staff in a group facility), court representative(s), teacher(s), and other relevant service providers. The case records were reviewed. Permanency Plans, social histories, psychological evaluations, and court orders were copied and reviewed. The majority of information was collected through the interview process. Deductive conclusions were made based on the information given by the interview participants within the system providing services and the consumers receiving the services.

Before summarizing case studies, the reviewers answered questions that led to summative conclusions regarding the status of the child and the functioning of the system on the indicators listed below. The indicators marked with an asterisk were deemed essential by the Interdepartmental Design Team that developed the original CPORT protocol. Consequently, all asterisked items had to be positive for an overall positive or adequate rating.

Status of Child/Family
1. Safety*
2. Emotional Well-being*
3. Physical Well-being*
4. Caregiver Functioning*
5. Stable Home
6. Permanence
7. Appropriateness of Placement
8. Educational Progress
9. Family Unification
10. Independent Living (13+)
11. Child Satisfaction
12. Family Satisfaction
13. Overall Status

Service System Functioning
1. Assessment*
2. Long-term View*
3. Child Participation*
4. Family Participation*
5. Service Plan Design*
6. Service Plan Implementation*
7. Service Coordination*
8. Monitoring/Change*
9. Advocacy
10. Early Child and Family Intervention
11. Home and Community Resources
12. Placement Resources
13. Supportive Interventions to Achieve Goal
14. Urgency Response
15. Progress Achieved-Child
16. Progress Achieved-Family
17. Overall Adequacy

Questions Concerning the Status of the Child

Presented below are the common sense questions used in the protocol to determine the current status of the child receiving supports and services.

1. ***Safety**: Is the child living in this setting in imminent danger of harm? Is the child's physical living condition hazardous or apt to cause serious harm? Is the child living in this setting in danger of harm from him/herself? Is the child fearful of people living in or frequenting the home? Can the child's whereabouts be ascertained and/or is there reason to believe that the family is about to flee or refuse access to the child? Is child sexual abuse suspected and do circumstances suggest that the child's safety may be an immediate concern? Is the behavior of adult(s) in child's placement violent or out of control? Does the adult(s) in child's placement describe or act predominantly negatively toward child or have extremely unrealistic expectations? Has the caregiver caused, or made a plausible threat that has or would result in serious physical harm to the child? The adult(s) in child's placement has not/can not/will not provide sufficient supervision to protect the child from potentially serious harm? Adult(s) in child's placement has not or is unable to meet the child's immediate needs for food, clothing,

shelter, and/or medical care? Adult(s) in child's placement has previously abused or maltreated a child, and the severity of the abuse or maltreatment, or the caregiver's prior response to the incident, suggests that child's safety may be an immediate concern? Drug or alcohol use of adult(s) in child's placement seriously affects his/her ability to supervise, protect, or care for the child? Is the community safe, given the setting in which the child is living? Are appropriate, sufficient services being provided to reduce/eliminate harm? Is the child safe from harm? With the current level of supervision, is the child likely to harm him/herself or others?

2. *__Emotional Well-Being__: Does the child's behavior(s) indicate emotional problems? Does the child have a Diagnostic and Statistical Manual (DSM) diagnosis? Does the child take medication for emotional or behavioral problems? Does the caregiver understand and respond appropriately to the child's emotional needs? Are necessary and adequate services being provided to meet emotional needs? Do the child's daily activities and relationships provide stimulation, emotional support, and fun? Is the child receiving treatment that is of the intensity and scope necessary to facilitate the child's participation in school, family, and social activities? Are the child's social/emotional needs being adequately and appropriately addressed?

3. *__Physical Well-Being__: Are the child's basic needs for food, shelter, and clothing being met? Are the child's primary health care needs being met? Are the child's chronic health care needs being met? Are necessary and adequate health care services being provided to keep the family intact or contribute to the permanent goal? Are the child's primary physical/medical needs being adequately and appropriately addressed?

4. *__Caregiver Functioning__: Current Caregiver: Who is the child's current primary caregiver? Is the current caregiver a victim of domestic violence? Is the current caregiver an alleged perpetrator of domestic violence? Is the current caregiver alleged to have substance abuse issues? Can the current caregiver perform the necessary parenting functions adequately to ensure child safety and well-being? Does the caregiver have adequate physical and mental capacities to care for child? Is the caregiver understanding and responsive to the child's needs? Can the caregiver meet extraordinary demands? Are necessary supportive services being provided? Can the primary caregiver perform the necessary parenting functions, care and/or treatment services adequately and consistently for the child? For congregate living facilities: Are living conditions safe? Are appropriate treatment services being provided for the child? Is the child receiving adequate services in accordance with program treatment plan? Does the program treatment plan adequately interface with the Permanency Plan? Are specific supportive services clearly identified to facilitate the child's discharge? Is there a person identified who is responsible for and acting as the single point of accountability for the child's care? Is the facility providing services of appropriate focus, scope, and intensity to meet the child's identified needs? Does the child need a less restrictive living situation? Does the child need a more restrictive living situation?

5. **Stability**: Does the child have a history of unstable living arrangements? Are probable causes for a disruption of current living arrangement present? Are appropriate services being provided to reduce the probability of disruption? Has the child's stability improved since custody? Is the child's current living arrangement likely to be disrupted in the foreseeable future?

6. **Permanent Goal**: Has a permanent goal been identified in the Permanency Plan, if "no," are necessary steps being taken to identify a permanent goal? By consensus? Is the child in a permanent placement, and if "no," have the goals and timelines been established to achieve the permanent placement? Is the child in a permanent placement or are reasonable efforts being made to obtain a permanent placement?

7. **Appropriateness of Placement and Residential Goal**: Is the restrictiveness of the placement appropriate for the child; if "no," does child need a less restrictive or more restrictive placement to receive needed services? Is the child in the appropriate setting to meet his/her needs; if "no," where should this child be living? What needs to be done to get the child to where he/she should be living? Is there a projected timeline established in the Permanency Plan for discharge to a family-like setting/permanent placement? Is there concern that the child is experiencing "lost time"? Is this the least restrictive, most appropriate placement in which the child can receive needed services?

8. **Educational/Vocational Progress**: Is the child enrolled in school/vocational training? Is the child currently in appropriate educational placement? Does the child have a pattern of regular attendance? Is the child performing on grade level? Does the child have special needs that are not being met in the current educational placement? Is the case manager participating in securing educational services for child in care? Is there a plan for attaining education goals? Is the child making academic/vocational progress? Is the child making progress in school/vocational training?

9. **Family Unity Support (Family of Origin)**: If child lives at home, are necessary, appropriate, and adequate services being provided to keep the family intact? If the family is in danger of disruption, is the family receiving services necessary to preserve the family unit? If not living with the family, is the child's family receiving services necessary to reunify? If the family cannot reunify now, is contact being maintained via visits and other means? Is the family participating in planning and decision making necessary to facilitate or to maintain reunification? Is the family receiving the supports necessary to reside together or to reunify if living apart?

10. **Independent Living (for children 13 years and older)**: Are independent living skills addressed in the Permanency Plan? Is the plan being implemented? If not addressed in the Permanency Plan, are independent living skills being otherwise provided? Is the child currently getting what he/she needs to grow up to be a working, functional adult? Are necessary, appropriate services and supports being provided to help the child achieve independent living?

11. **Child Satisfaction**: Does the child understand what supports and services he/she will receive? In the opinion of the child, are the services he/she is receiving helpful or beneficial? Is the child currently receiving the planned services? If appropriate, are services provided responsive to the preferences and convenience of the child? Is the child satisfied with his/her services and the responsiveness of the system?

12. **Family Satisfaction:** Does the family understand what supports and services they will receive? In the opinion of the family, are the services they are receiving helpful? Are they currently receiving the planned services? If appropriate, are the services provided responsive to the preferences and convenience of the family? Is the family satisfied with their services and the responsiveness of the system?

Questions Concerning System Performance

Presented below are the questions used in the protocol to determine the performance of essential system functions. These questions focus on service system procedures.

1. ***Assessment of Needs**: Scope and Functionality of Assessments: Are the child's strengths identified? Are the family's strengths identified? Are risks to the child identified? Are risks to the community identified? Do assessments reflect the input and perspective of the child, parent, legal guardian, relatives, as applicable? Are there gaps in information or problems that indicate the need for further assessment? Is the assessment information consistent with the reviewer's understanding of what the child's and family's needs are? Are all current, obvious, and substantial needs of the child and family identified and analyzed through existing assessments?

2. ***Long Term View**: Is there an explicit strategy that should enable the child/family to live safely without state supervision? If "no" is there an implicit understanding of what will be necessary to enable the child/family to live safely without state supervision? Does the child/family have critical needs in order to live safely, without state supervision, that are not being met, such as housing, social supports, parenting functioning/capacity, child's needs? If the child cannot return to his/her family, is there an explicit strategy that identifies where and when the child will live in a permanent family or prepare for independent living? Is there an explicit strategy that identifies where and when the child will live with a family or independently, and organizes/coordinates efforts that are made to achieve that goal?

3. ***Child Participation**: If age appropriate, was the child involved in the development of the Permanency Plan? Did the system exhibit sensitivity to the child's schedule and transportation resources in planning staffings and visits? Has the child been involved in changes in treatment/placement? Does the child understand what he/she has to do to be returned home or achieve the permanent goal? Is the child actively involved in the planning and implementation of services as well as participating in decisions made about his/her future?

4. ***Family Participation**: Was the family involved in the development of the Permanency Plan? Did the system exhibit sensitivity to the family's schedule in planning staffings and visits? Did the system exhibit sensitivity to the family's transportation needs in planning staffings and visits? Were repeated and substantial efforts made to engage the family and solicit participation? Has the family been involved in changes in treatment/placement? Does the family understand what they have to do for the child to be returned home? Is the family actively involved in the planning and implementation of services, as well as participating in decisions made about the child's future, or were substantial efforts made to involve family?

5. ***Service Plan Design**: Is there a written Permanency Plan? Does the Permanency Plan address reasons the child came into custody? Does the plan address all needs identified in the assessment for the child and family? Are there needs that must be addressed in order to achieve safety with independence from state supervision and does the plan address them adequately? Does the Permanency Plan adequately reflect current services and strategies? Is there a specific time or date that the Permanency Plan is to be updated? Are the proposed interventions and supports appropriate to the situation/person's capabilities? Is there evidence to indicate that service planning is limited by what is available rather than what is appropriate for the child and family? If the plan goals were met, would the child/family be able to function safely and be independent of state supervision? Do the plan's goals correspond with the long term view for the child? If the plan's goals were met would the child be or continue to be living in a permanent placement? Are all needs identified through the assessment process being addressed for the child and family? Were additional needs of the child and family identified through this process that should be addressed for the child and family? Are their needs inadequately addressed due to lack of sensitivity in services, and are these needs cultural or a result of client characteristics? Has the plan been revised to reflect progress or lack of progress of the child or the family in meeting plan goals? Does the plan include specific objectives to obtain the permanent goal? Does the plan include specific services to be provided to enable the child to return home, or achieve the permanent goal? Is the plan individualized and are there specific timetables for the services to be provided? Does the plan address visitation with parents or other family members, identification of who is responsible for the provision of services, and child support? Is the Permanency Plan relevant to the issues and coherent in the selection and assembly of strategies, supports, services, and timelines established for the child and family?

6. ***Service Plan Implementation**: Have the essential services and activities identified in the plan been provided in a timely manner for the child/family? Have the essential services and activities identified in the plan been provided consistently for the child/family? Have the essential services and activities identified in the plan been provided at the appropriate level of intensity for the child/family? Have the essential services and activities identified in the plan been provided by qualified providers for the child/family? Are the strategies and services that are being implemented meeting the needs of the child and family? Is there an appropriate match between the child and the service provider with respect to language, culture, and other relevant

characteristics? Are appropriate services and supports specified in the plan being implemented in a timely and consistent manner by qualified providers for the child/family?

7. ***Service Coordination**: Is there a single point of coordination and accountability for the service plan and those involved in its implementation? Is there integration of services and continuity of effort in the service delivery? Is there a mechanism for identifying emerging problems and developing an appropriate response and adjustments in the plan? Is there adequate communication so all relevant persons involved know the current status of the case? Is there continuity and coordination in the provision of services to the child/family?

8. ***Monitoring and Change**: Is the status of the child routinely monitored? Is the status of the family routinely monitored? Are changes in the status of the child documented? Are changes in the status of the family documented? Are known risk factors being monitored? Is progress/lack of progress toward achieving goals/objectives being monitored? Is the plan revised to reflect changing needs and circumstances when objectives have been achieved, when services change, when strategies are unsuccessful, or when emergent problems arise? Are all entities carrying out their monitoring responsibilities adequately, including the DCS Home County Case Manager, the DCS Residential Case Manager, the placement, and the service provider? Is the status of the child/family routinely monitored and evaluated, and are changes made as necessary to respond to needs?

9. **Legal Advocacy**: Has the child had legal representation? Has the child's family had legal representation? Does the child/family appear to understand the state system and appeal rights? Does the child/family appear to understand the implications as well as legal rights regarding state custody?

10. **Early Child and Family Intervention**: Were early signs of family problems identified? When early signs were identified, were services appropriate in scope and intensity offered to address them in a timely manner? Were needs for the home/community-based services identified? Were family preservation or other in-home or community-based services provided to prevent removal? Were home/community services provided before resorting to out-of-home placement? Were relative/friend options exhausted before resorting to out-of-home placement? Did the system intervene at the earliest opportunity with family support services of sufficient scope and intensity to keep the child and family together?

11. **Home/Community Resources**: Has the need for home/community based resources been identified? Have all obvious and substantial needs been matched with appropriate community services/service providers? Are home/community services and supports readily and consistently available when needed by the child or by the family? Are home/community based services and supports culturally appropriate for the child and for the family? Are parents/relatives/friends receiving the supports and assistance necessary for them to perform essential parenting functions? Is the array of

available home and community services adequate in variety, intensity, continuity, and cultural compatibility to maintain the family intact or contribute to the permanent goal?

12. **Placement Resources**: For children who cannot remain in their home, is there an adequate array of family placements (relative, foster care, therapeutic foster care) to meet their needs? Are these placements available, within the county, or the Community Service Agency (CSA) region, or within the grand region or within the assigned placement not in county/CSA region? Are family placements receiving the necessary supports and assistance? For children who cannot function in a family environment, is there a sufficient array of residential placements to meet the needs in the least restrictive environment possible? Are these placements available within the county, within the CSA region, within the Grand region or within the assigned placement not in county/CSA region? Is the array of placement resources adequate to provide appropriate out-of-home placements in a timely manner in the least restrictive environment?

13. **Supportive Intervention Services to Achieve Permanent Goal**: Are necessary services identified to keep the child with his/her family or move the child to a permanent goal/placement? Have the essential services and supports necessary to keep the child with his/her family or move the child to a permanent goal/placement been provided in a timely manner, consistently, at the appropriate level of intensity, and by qualified providers? Are the services necessary to keep the child home or move the child to a permanent placement being implemented in a timely manner?

14. **Urgency Response**: Can the system recognize emerging problems, as well as identify resources needed to stabilize them? Are the resources needed to stabilize or resolve emerging problems available in a timely manner, consistently, at the appropriate level of intensity, and by qualified providers? Does the system appear adequate to stabilize or address emerging problems of an urgent nature?

15. **Progress Achieved by Child**: Did the system provide the child with repeated and substantial opportunities to improve/meet goals? Is the child improving or making progress? Based on all information collected in the review process, has progress or improvement as measured in outcomes/benefits for the child been achieved?

16. **Progress Achieved by Family**: Did the system provide the family with repeated and substantial opportunities to improve/meet goals? Is the family improving or making progress? Based on all information collected in the case review process for any family whose child has been in state custody for 30 days or longer, has progress or improvement as measured in outcomes/benefits for the family been achieved?

By December 8, 2000, a total of 580 cases were reviewed. The data was then summarized and compared to the cases randomly selected for statewide analyses (348 cases). The statewide sample was at expected levels of variations from the total sample because of the impact of regional variations.

In addition to compiling individual case data, reviewers identified service system strengths, noteworthy accomplishments, and emerging system performance issues observed in the cases reviewed in each region.

The statewide distribution of results for 2000 were compared to the data collected in previous years. The data presented here demonstrate changes over time. The following information summarizes findings for the last five years.

Children's Program Outcome Review Team Results

Demographic Information on Cases Reviewed

- The greatest number of petitions was filed by the Department of Children's Services or the Department of Human Services prior to consolidation, followed by juvenile courts and law enforcement. Forty-four percent of the petitions were filed by DCS. The percent filed by parents remained the same as last year. The percent of petitions filed by the courts substantially increased from 9 percent to 14 percent, the highest ever. Petitions filed by law enforcement decreased from 14 percent in 1999 to 10 percent in 2000.

Petitions Filed By	2000	1999	1998	1997	1996
Department of Human Services/DCS	55%	59%	57%	49%	47%
Parents	8%	8%	8%	11%	11%
Law Enforcement	10%	14%	13%	10%	11%
Courts	14%	9%	9%	10%	10%

Children are brought before the juvenile court as the result of the filing of a petition. Petitions are filed by members of the community, or stakeholders involved with children's services related to the abuse, neglect, or behavior problem of the child. Children can have multiple petitions before entering custody.

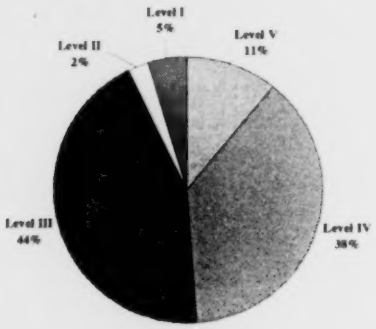
- The majority of children were adjudicated Dependent/Neglect.

Adjudication	2000	1999	1998	1997	1996
Dependent/Neglect	68%	72%	68%	65%	67%
Unruly	8%	5%	9%	12%	12%
Delinquent	24%	22%	23%	23%	21%

The percent of dependent/neglect adjudications declined considerably from 1999 to 2000, but unruly adjudications increased. The percent of delinquent adjudications also increased slightly, but most offenses remained in the Level III category (i.e., assault, possession of controlled substance/other drug offenses, theft of property, burglary, motor vehicle theft) as last year. The level of offenses such as aggravated assault, aggravated burglary, carrying a weapon, weapon at school, and possession of controlled substance

for resale (Level IV) increased, while aggravated rape, rape, kidnapping, aggravated robbery, robbery, (Level V) decreased. Forty-four percent (compared to 51 percent of the children adjudicated delinquent last year) fell into Level III, 49 percent fell into Level IV and V combined. Level I, III, and IV offenses included both male and female perpetrators. Over a fourth of the delinquent children had experienced custody more than once; three times was the most reported.

Level of Offense for Delinquent Adjudications



Unruly adjudications had continued to decrease from 15 percent in 1995 to 5 percent in 1999, but in 2000 unruly adjudications increased to 8 percent. Since 1996, the courts have been restricted from committing a child adjudicated unruly to the custody of DCS unless the child is referred to the department's juvenile-family crisis intervention program (FCIP) for review and intervention. The FCIP would then certify to the court that there is no other alternative than to place the child in custody. The FCIP has had a positive impact in this area.

- Children exhibiting behavior problems, including delinquent and unruly behaviors, and neglect by caretaker were the main reasons for children to enter custody.

Reason for Custody	2000	1999	1998	1997	1996
Behavior Problems	29%	32%	33%	34%	38%
Neglect by Caretaker	32%	28%	31%	32%	28%

- A substantial number of children, but fewer than in the last three years, were in foster placements, including regular and therapeutic custodial department foster homes, and regular and therapeutic contract foster homes. Group placements are any congregate living environment, and data suggest an increase for 2000 in this type of placement. In almost all regions, the majority of the children in foster and group placements were placed either in their home county or within the CSA region. Overall, 90 percent of the children in custody were in the least restrictive, most appropriate placement to receive

needed services. A comparison by residence and adjudication indicates younger children and children residing in foster placements were most likely to be in the least restrictive most appropriate placement. Children adjudicated unruly were least likely to be in the least restrictive, most appropriate placement. Refer to Appendix C for additional information.

Placement	2000	1999	1998	1997	1996
Family	26%	25%	22%	22%	26%
Foster	40%	46%	43%	43%	40%
Group	27%	23%	30%	25%	29%
Runaway	7%	6%	5%	10%	5%

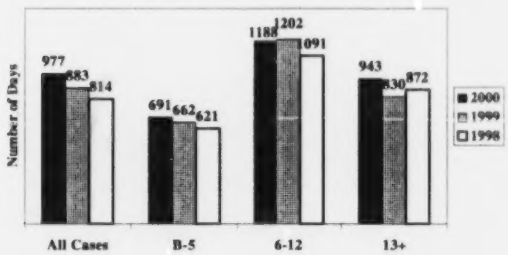
The average number of placements for a child was 3.8 in 2000 compared to 3.4 in 1999. Children age 13 and over experienced the greatest number of placements. Six percent of the children had experienced ten or more placements. Almost two-thirds of children on "runaway" status had run from group placements.

- The majority of children in care were age 13 and over, as they have been every year. The mean age of the child was 12.8; the median age was 14.7.

Age of the Child	2000	1999	1998	1997	1996
Birth to 5	13%	21%	19%	22%	23%
6 to 12	27%	24%	24%	22%	21%
13 plus	60%	55%	57%	56%	56%

- The length of stay for all children increased except the 6-12 age group. However, children age 6-12 were staying longer in custody than younger or older children.

Average Length of Stay By Age
Comparison with Previous Years



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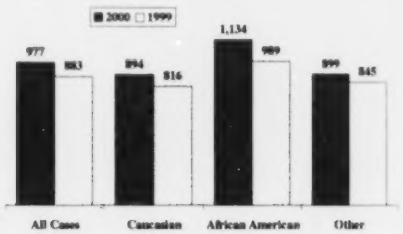
- The racial breakdown of children in custody was:

Race of the Child	2000	1999	1998	1997	1996
Caucasian	59%	58%	52%	57%	60%
African-American	34%	35%	41%	38%	35%
Other	7%	7%	7%	5%	5%

Other includes Multi-racial, and Hispanic.

The percent of African-American children in custody declined slightly. However, these data indicate African-American children remained in custody longer than Caucasian children did, an average of 1,134 days compared to 894 days.

Average Length of Stay By Race



- The majority of children in custody were male.

Sex of the Child	2000	1999	1998	1997	1996
Male	60%	53%	59%	59%	57%
Female	40%	47%	41%	41%	43%

- Sixty-eight percent of children were adjudicated dependent/neglect/abused.

- Unruly adjudications increased from 5 percent in 1999 to 8 percent in 2000, and over half of unruly children were female.

Adjudication by Gender	2000	1999	1998	1997	1996
Dependent/Neglected male	54%	46%	52%	51%	50%
Dependent/Neglected female	46%	54%	48%	49%	50%
Unruly male	43%	33%	44%	49%	52%
Unruly female	57%	67%	56%	51%	48%
Delinquent male	82%	83%	83%	90%	82%
Delinquent female	18%	17%	17%	10%	18%

Children adjudicated delinquent were mostly male, and 74 percent had substance abuse issues. Sixty-two percent of the children adjudicated delinquent also had parents with substance abuse issues. Other significant critical issues for delinquent children included

domestic violence in the home (35 percent), and approximately a fourth were reported to be involved in gangs. Refer to Appendix D for more information regarding critical issues by adjudication.

Sixty-two percent of the children adjudicated delinquent had a reported formal mental health diagnosis, compared to 28 percent of children adjudicated dependent/neglect.

Thirty-five percent of the children adjudicated delinquent were African-American, and 34 percent of them resided in Youth Development Centers. Of the 58 percent of Caucasian children adjudicated delinquent, only 22 percent resided in Youth Development Centers. Sixty-two percent of African-American children committed offenses in Level IV and V combined, compared to 43 percent of the Caucasian children.

- Fifty-nine percent of the children reviewed had parents who were or had been incarcerated, the highest yet. The majority of children with parents who were or had been incarcerated were residing in foster placements. Children in all age groups similarly have incarcerated parents. These data suggest children with incarcerated parents may be at increased risk for state involvement.

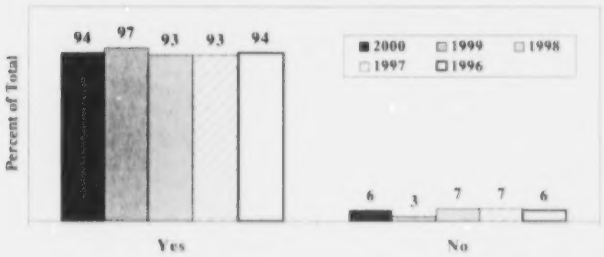
Incarceration of Parent(s)	2000	1999	1998	1997	1996
All Cases	59%	55%	57%	51%	47%
Father	25%	24%	25%	21%	23%
Mother	14%	15%	15%	14%	14%
Both Parents	20%	17%	17%	16%	10%

The father was the most likely parent to be incarcerated (45 percent). The mother was incarcerated in 34 percent of the cases in 2000. Parents were incarcerated for a variety of offenses.

- Most children were appropriate for custody at the time of custody.

- If needed services had been provided at the time of removal, it appeared custody could have been avoided for 6 percent of the children in 2000, an increase from 3 percent in 1999.

If Provided Needed Services, Was State Custody Necessary?



Sixty-seven percent of the children where custody could have been avoided were adjudicated dependent/neglect. The remaining one-third were adjudicated unruly and were of minority race.

- Children were remaining in custody too long due to delays in termination of parental rights, in the adoption process, and in release from custody. In some cases, the window of opportunity to go home or be released had passed, and current circumstances and/or behaviors now prohibited release. For the year 2000, 28 percent of the children were in custody too long, the same as in 1998, an increase compared to 26 percent in 1999.

- Fifty-seven percent of the children in custody too long needed either termination of parental rights or to complete adoption.

Custody Too Long	2000	1999	1998	1997	1996
Percent of Cases	28%	26%	28%	24%	22%
Needed To Go Home	6%	9%	8%	17%	20%
Needed Termination of Parental Rights	34%	19%	36%	23%	29%
Needed to Complete Adoption	23%	38%	19%	26%	33%
Needed To Be Released	16%	18%	23%	25%	18%
Needed to Live Independently	1%	0	3%	4%	0
Other	20%	16%	11%	4%	0

Ninety-one percent of the children needing termination of parental rights, and 95 percent of the children needing to complete adoption had been in custody 22 months or longer at the time of the CPORT review.

In 1999 more children needed to complete adoption than needed termination of parental rights. In 2000 the percentages reversed. In addition, 64 percent of the children needing termination of parental rights were ages 6-12, and 55 percent of the children needing to complete adoption were of the same age group. In addition, the 6-12 age group was staying

longer in custody, an average of 1188 days. The custody too long issue continues to be an area of concern, especially for children 6-12.

Critical Issues

Beginning with the 1995 reviews, children and family conditions that contributed to the risk of entering or remaining in custody were categorized under "Critical Issues" and added to the Preliminary System Observation reports (Refer to Appendix B). These are conditions or characteristics that influence the need for services. The process included summarizing the presence of these conditions when they were significant in a region. In 1997, the data summary process included documenting these issues in all cases. This information may also be used for identifying the necessary services for implementation early in a child's life to prevent custody, and for programs and services necessary once entering custody.

Characteristics of Children in Custody: Five Year Comparison

The following table is an extracted list of only those characteristics with consistently high percentages.

	2000	1999	1998	1997	1996
• Children of parents with substance abuse issues	62%	64%	65%	63%	54%
• Children having little or no relationship with father	65%	63%	61%	65%	54%
• Children from single parent families (mother)	43%	41%	46%	50%	44%
• Children from homes below poverty level	43%	42%	41%	40%	38%
• Children had a reported formal mental health diagnosis	38%	36%	31%	42%	53%
• *Children having little or no relationship with mother	35%	14%	NA	NA	NA

*Data was not collected until 1999

Sixty-five percent of the children in the 2000 sample had experienced little or no relationship with their father as compared to 63 percent in 1999. There is also data to indicate a trend with children experiencing little or no relationship with mother. The CPORT process has also identified children removed from relative caregivers, other than biological parents, and placed in custody. These issues strongly support the need for possible relative caregiver assistance to prevent custody or kinship care program to maintain children with families.

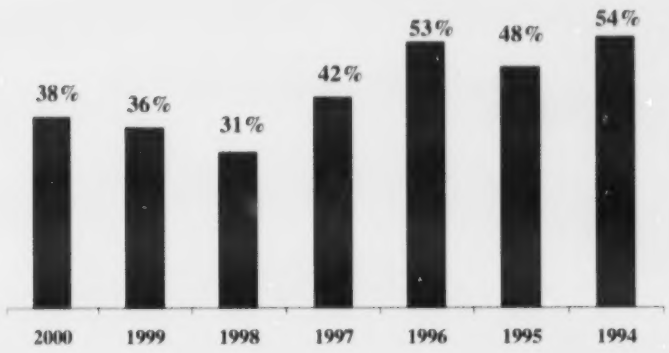
The percentage of parents with substance abuse issues was 62 percent in 2000 compared to 64 percent in 1999. These are certainly problems to be addressed by the system in providing prevention, education, intervention, and treatment services. Substance abuse issues crossed age, race, and gender as either the first or second most frequent problem area.

Refer to Appendix D for additional information regarding critical issues overall and by age, race, gender, residence, and adjudication.

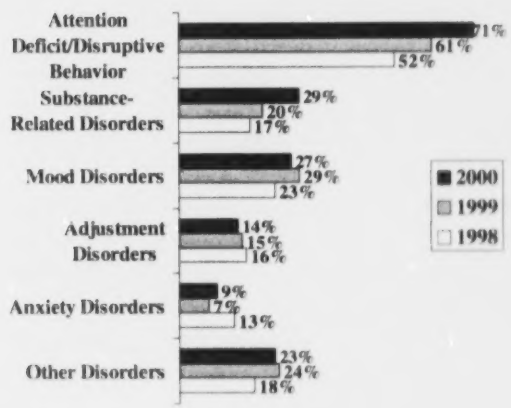
The total number of children with a reported mental health diagnosis also increased from 36 percent in 1999 to 38 percent in 2000, but was still less than 1994 through 1997. Attention deficit/disruptive disorders, 71 percent, (i.e., Attention-Deficit/Hyperactivity Disorder, Conduct Disorder, Oppositional Defiant Disorder) were the major clinical diagnoses for children with a reported formal mental health diagnosis. The second mental health issue was substance-related disorders. Many of these same children could be identified as having dual diagnosis or co-occurring disorders. "Other," included children diagnosed with learning/communication disorders, mental retardation, borderline intellectual functioning, and psychotic disorders.

Reported Formal Mental Health Diagnosis

Statewide Cases



DSM Diagnosis



CPORT Findings: Status of the Child/Family

	2000	1999	1998	1997	1996
• Children reviewed in an overall positive status	84%	87%	81%	83%	79%
• Safety of children positive	93%	95%	95%	93%	92%
• Children's physical well-being addressed	97%	98%	99%	95%	96%
• Children placed with adequate caregivers	93%	96%	94%	94%	91%
• The child's emotional well-being addressed	88%	90%	85%	84%	82%
• Families receiving services to remain intact or to reunify with children	80%	74%	60%	68%	66%
• Families were satisfied with services received	68%	70%	65%	69%	67%

The overall status of the child/family was 84 percent positive in 2000, a decrease from 87 percent in 1999, but higher than previous years. The safety and physical well-being of children remained a strength.

The emotional well-being of the child improved from 85 percent in 1998 to 90 percent in 1999, but dropped to 88 percent in 2000. Inadequate emotional well-being of the child was the primary reason for the child to be determined in a negative status. This indicator, if not adequate, would default the case to an overall inadequate. Children who were rated negative in emotional well-being most frequently were in need of treatment because of issues related to abandonment, separation and attachment, grief and loss, and/or sexual or physical abuse. Services to address these issues were not always being provided, and/or not recognized as a treatment need. Frequently, children with a history of sexual or physical abuse, or behavior problems needed a psychological evaluation but had not received one, because the case manager had not requested one, as the need was not recognized. Consequently, children were not always able to access appropriate mental health services. Overall, the emotional well-being indicator has progressively improved and needs to be maintained.

CPORT results indicate improvements in a more focused approach in providing services to families, but family satisfaction appeared to be the greatest overall deficiency, at 68 percent in 2000, down from 70 percent in 1999. Families least satisfied were those with children adjudicated unruly. In some regions across the state case managers expressed the need for training in how to engage families. Families least likely to achieve progress were those families with children residing in foster placements. When children were placed at home with their families, the families were least likely to have an adequate assessment of needs and/or an adequate permanency plan to address their needs. Almost a third of the families were not satisfied with the system because they were not receiving appropriate services at the level needed in a timely manner.

The complete results for the Status of the Child/Family are presented in Appendix C.

CPORT Findings: Adequacy of Service System Functions

	2000	1999	1998	1997	1996
• Service system functioned adequately to meet needs of child/family	42%	46%	33%	51%	46%
• Assessment of needs of child/family	68%	70%	73%	86%	86%
• Plan of Care design	63%	63%	48%	72%	71%
• Service plan implementation	78%	79%	69%	73%	67%
• Service coordination	71%	67%	59%	70%	65%
• Monitoring/change	80%	74%	60%	72%	66%
• Supportive intervention for children to achieve permanent goal	76%	76%	64%	72%	65%
• Progress achieved by family	59%	55%	52%	56%	56%

Overall, the system performed adequately 42 percent of the time, a decrease from 46 percent in 1999. While the system's ability to identify child and family problems had been a strength from 1995 to 1997, this performance area began to decline in 1998 and continued to decline to 68 percent in 2000, the lowest performance ever on this indicator. These results mean that one-third of the children in custody receive an inadequate assessment of their needs. The problems included incomplete social histories or no social histories; children needing psychological evaluations but not receiving them; children not receiving appropriate follow-up evaluations, such as developmental, speech and language, alcohol and drug, and psycho-educational assessments. Some of these problems could be attributed to lack of training in developing a social history, or recognizing the need for additional assessments, inexperienced caseworkers, and turnover and vacancies in positions within DCS. The assessment of needs was weakest for children in the 6-12 age group, of African-American race, and in family or foster placements. African-American children and children 6-12 were also staying longer in custody.

Service plan design (63 percent adequate) remained the same as last year, the weakest indicator contributing to the overall system inadequacy. The permanency plans failed to address child or family needs, were out of date, contained inappropriate goals, were not individualized, or listed inappropriate services or strategies to obtain desired outcomes for children and families. In some cases there was no plan. Service plan design was weakest for African-American children.

Service coordination improved in 2000 to 71 percent, the best performance yet on this measure. While service coordination may have improved, for 29 percent of the children and families coordination was inadequate either between the Home County Case Manager and the Residential Case Manager, or between the case managers, placements, and families.

Problems included inconsistency regarding the goals of the case, difficulties in obtaining needed records and information, lack of coordination or sharing of information, and fragmentation of knowledge of needs of child and family. In most cases the caseloads were still above 25 (the number of cases suggested by CWLA considered to be a manageable caseload). Overall, the dual system generated a lack of continuity of care and no single point of responsibility or understanding of the case. These deficit areas also contributed to inadequate progress achieved by the family, and children remaining in custody too long.

While most children were appropriate for custody, approximately 28 percent remained in custody too long, an increase from 26 percent in 1999. The Adoption and Safe Families Act requires appropriate steps to terminate parental rights for children who stay in custody too long. Sufficient efforts for reunification must have been made to justify termination. Additional foster homes are required to fulfill the need for children awaiting adoption, because foster homes are often an older child's best hope for adoptive placement.

As indicated earlier, the system was engaging most children (90 percent), if age appropriate, and families (89 percent) in the planning and implementation of services. Supportive intervention for children to stay or return home was 76 percent for 2000, the same as last year. Progress achieved by family was the weakest of the non-default indicators and generally correlates to supportive intervention to achieve the permanent goal. Progress achieved by the family has progressed from 52 percent in 1998, to 55 percent in 1999, to 59 percent in 2000. Although improved, this deficiency illustrates the need for family support services of sufficient scope and intensity to remediate or to prevent escalation of problems and to keep the child and family together. Families least likely to achieve progress were those with children in foster placements.

Advocacy for children in custody and their families decreased from 77 percent in 1999 to 72 percent in 2000. Advocacy was weakest for children age 6-12, and in foster placements. Again, these are the children who are staying longer in custody.

The complete results for the Adequacy of Service System Functions are presented in Appendix C.

CPORT Preliminary System Observations

Content analysis of strengths and performance issues across 12 Community Service Agencies revealed common strengths and weaknesses.

Strengths Identified Statewide

- Most children were appropriate for custody at the time of custody.
- Efforts were made to place siblings together.
- Most children were in the least restrictive, most appropriate placement to meet their needs.
- The majority of children were in placements close to home or in the CSA region.
- In most cases the TNKIDS extract contained accurate information.

- The majority of foster homes were high quality and very committed to children, and many were willing to adopt.
- Most children were receiving current EPSDT screenings.
- Substantial services had been provided in an effort to prevent custody.
- There was an overall reduction in TennCare issues.

Weaknesses Identified Statewide

- Many children experienced multiple placements (four or more).
- The assessment of needs identified for children/families was often inadequate.
- Many Permanency Plans were inadequate, not addressing current issues.
- A number of children experienced excessive stays in temporary placements - detentions, emergency shelter, and/or diagnostic shelters.
- Majority of caseworkers possessed 12 months or less experience.
- Many children stayed in custody too long.
- Service coordination and communication between various system components were often inadequate.
- Many caseworkers experienced caseloads of 25 or more.
- A small number of children experienced multiple custodies, in some cases three times.
- A small number of children received Home TIES/Crisis Intervention but still entered custody.

Refer to Appendix B for regional information on Service System Strengths, Noteworthy Accomplishments, and Service System Issues. Refer to Appendix F for a comparison of percentages by region.

System Component Performance

The system of care for children and families can be separated by system components. Upon completion of each case, the reviewers were asked to answer questions regarding the roles and responsibilities of the various system components. Each question is scored based on response options: "yes" received 100 points, "somewhat" received 50 points, "no" received 0 points, and if the responses were not applicable it was not included in the data. Points were averaged for the scores given. This additional data piece provides information that directly relates to the overall system outcomes. Refer to Appendix E for scores for the Department, Placement, Parent, Court, School System, and Child.

TennCare/TennCare Partners/MCO/BHO/EPSDT Issues

Overall, there has been a reduction in TennCare problems statewide. Compared to last year fewer problems were reported in eight of the 12 CSA regions. The regions with the most reported problems were South Central, Mid-Cumberland, and Upper-Cumberland. TennCare issues included the following:

- Delays in receiving dental services due to an inadequate provider network.
- Delays in medical services due to an inadequate provider network.
- Providers not paid/coverage denied, including prescription medications, special services, and special medical supplies.
- Lapses in services due to failure to transition children in TennCare when custody ceased, or when placement changed.

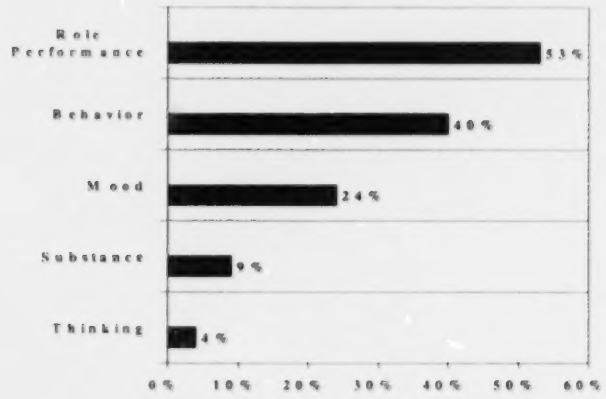
Summary of CAFAS Findings

The Child and Adolescent Functional Assessment Scale (CAFAS) is used as a supplemental tool to the CPORT evaluation. The assessment is very useful in determining a child's ability or inability to function in the community by measuring the child's level of psychosocial impairment. The CAFAS measures the degree of impairment in functioning in children and adolescents secondary to emotional, behavioral, or substance use problems. The CAFAS is multidimensional, measuring functioning in five areas: role performance, moods/ emotions, behavior towards others, thinking, and substance abuse.

From the total 348 children and youth (aged birth to 21 years) included in the 2000 CPORT sample, 317 were ages 4-18 and thus eligible for the CAFAS scale. For 23 of the 317 cases there was insufficient information available to complete a CAFAS, bringing the final eligible completed cases to 294, which represents a 93 percent rate of completion.

Although many of the children were rated as functioning in the average range for their age for specific areas, 62 percent demonstrated some type of impairment in at least one area. Forty-four percent of the children demonstrated some type of impairment in at least two or more areas. Thirty-nine percent were rated with moderate or severe impairment in at least one area. Among the cases reviewed, the two domains with the most problems in functioning reported were role performance (the effectiveness with which the child fulfills the roles most relevant to his or her place in the community) and behavior.

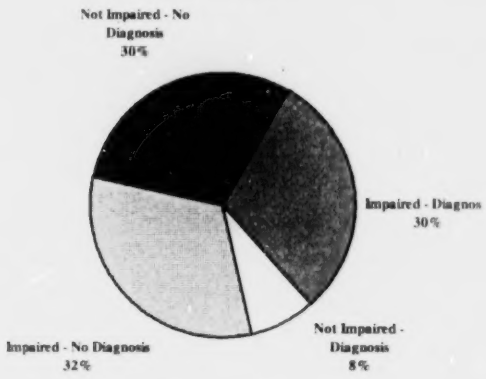
Child Adolescent Functional Assessment Scale
Five Subscales
Cases for 2000



Children with both formal mental health diagnosis and impairment in their daily living skills as measured by psychosocial functioning are considered the most seriously disordered and those at highest risk of future problems. Twenty-one percent of the children were so identified; an additional 32 percent were identified as impaired, but did not have a formal diagnosis. Many of the eight percent of children who have a mental health diagnosis but were rated as not impaired on the CAFAS may in fact be functioning at that level because of the effectiveness of treatment, including medications, that they were receiving as a result of the diagnosis.

CAFAS - Level of Impairment

Cases for 2000



Overall, the CAFAS total scores indicated the following treatment needs for the sample population of children and youth in state care: 38 percent, supportive intervention; 22 percent, short-term treatment (up to 6 months); 15 percent, periodic treatment over a 6-24 month period; and 25 percent, long-term treatment (1-5 years). This indicates a significant proportion of children needing specialized and long-term care.

Conclusion

The CPORT process provides significant qualitative and quantitative information about the status of children and families and service system performance. The 2000 results indicate a slight decline in the overall status of children compared to the previous year (84 percent compared to 87 percent), but still higher than previous years with a slight decline on all essential indicators. Overall most children are in a positive status, but the emotional well-being indicator continues to be the primary factor in defaulting the overall status of the child to negative. The 12 percent of children rated inadequate in emotional well-being needed services to address issues of physical/sexual abuse, grief/separation/loss, and/or abandonment, especially for children age 13 and over, and in family placements. While only 8 percent of the children in custody were adjudicated unruly, these children were least likely to receive services to address their emotional well-being.

In 1999 the system functioned adequately 46 percent of the time, a considerable improvement over 1998 (33 percent), but in 2000 the overall service system function declined by 4 percentage points to 42 percent, still better than the low of 33 percent in 1998. The assessment indicator for identifying the needs of children and families was the lowest ever (68 percent), especially inadequate for children age 6-12, African-American, and in family placements. This most essential indicator that correlates to other essential system functions had been a system strength from 1994 to 1997.

The weakest system function was permanency plan design (63 percent adequate), especially for African-American children (51 percent), and children adjudicated unruly (56 percent). The permanency plans were slightly better for children 6-12 (61 percent), in group placements (62 percent), and children adjudicated dependent neglect (62 percent). These deficit areas also contributed to inadequate progress achieved by the family, especially for children in foster placements, and attributed to children remaining in custody too long.

TCCY CPORT Recommendations

Based on all the information collected in the CPORT process, the following are priority recommendations for enhancements in children's services that should improve both system functioning and outcomes for children and families:

Prevention/Early Intervention: Increase early intervention and prevention services to reduce the risk of custody.

Collaborative efforts between schools, courts, families, and child-serving agencies are essential in recognizing problems early, and addressing the problems with appropriate resources. Even though custody appeared appropriate at the time of custody for the majority of children, increased efforts toward prevention and intervention at the earliest opportunity is necessary to reduce the risk of custody. When problems go unrecognized or are ignored without adequate intervention for years, the problems can escalate to a level requiring custody and often take additional years to correct. The time to intervene is at the first sign of problems, with the appropriate level of services to children at greatest risk. Prevention services are generally less costly than custody. More programs and services are needed to address substance abuse issues for families and children. It is critical to begin services as early as possible in the way of education, treatment, and support.

In increasing numbers children have little or no relationship with fathers, and the percentage of children who experience little or no relationship with mothers is on the rise. If extended relatives are to succeed in providing for these children then additional resources will be needed to assist families to prevent the children from entering custody.

Resources must be made available to reduce crime for adolescents. There are prevention programs that have been identified as effective in reducing adolescent crime, aggression, and substance abuse. These programs and methods need exploring and possibly adopting to address the needs of adolescents committing crimes in the Level III, IV, and V categories. CPORT data revealed 62 percent of the juvenile justice population had a reported

formal mental health diagnosis. An additional 21 percent of the children adjudicated delinquent scored a moderate to severe impairment on the Child and Adolescent Functional Assessment Scale, but do not have a formal mental health diagnosis, suggesting at least 83 percent of children in juvenile justice having diagnosable mental health disorders.

In addition, culturally competent services and non-traditional treatment methods need exploring to serve these children and the non-traditional existence they experience in their families.

Assessment: Improve the adequacy of assessments, which has continued to decline since 1997. This area had been one the system's greatest strengths prior to 1998.

Ensure children have adequate assessments by improving the development of social histories and keeping them current based on the needs, problems, and changes in the child and family situation or circumstances.

An adequate assessment should generally include a complete collection of pertinent information pertaining to the child and family that would enable the case manager to create an appropriate long term view for services and design an adequate permanency plan. A complete social history should include developmental history, the history leading to custody, academic performance, medical history, family constellation, family background, behavioral problems, neighborhood, pre-existing assessment evaluations, cultural issues, any evidence of social and or economic deficits, and recommendations for additional assessments to identify problems.

The objective is to build a case for service necessity, not only for immediate goals, but for long term planning toward permanency, which has major implications for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) and the Adoption and Safe Families Act (ASFA). Adequate assessments are essential in meeting the requirements for EPSDT, mental health needs, educational needs, and for access to services. Although most children had received the required well-child screenings and follow-up services if needed, children still lacked the necessary psychological evaluations, or specialized assessments to receive the most appropriate treatment.

A few regions were establishing assessment teams in an effort to improve assessments for children and families.

Early and Periodic Screening, Diagnosis and Treatment: Ensure that all children are receiving both well-child screenings at specified intervals during the child's stay in custody, as required by federal regulations, and that children are receiving needed supplemental assessments and treatment.

When interviewed in 1998 and early in 1999, many case managers were unsure whether EPSDT had been completed. Sometimes case managers would report that children had received EPSDT screening when there was no documentation; other times there would be documentation that screening had occurred, but case managers would report the child had

not been screened. Often caregivers were in a better position to answer questions regarding EPSDT than case managers.

By mid-1999, most children were receiving EPSDT screening. The Department had made significant progress in educating case managers and complying with the basic screening requirement. For 93 percent of the children reviewed in 2000, an EPSDT had been completed or scheduled.

However, in 2000 there was still a need to better understand EPSDT and how it can be used to obtain authorization for needed psychological evaluations and other specialized assessments, as well as access to treatments identified as needed through the screening process. Many children who needed psychological evaluations or specialized assessments were not receiving them because the case managers did not recognize the need.

Permanency Plan Development: Ensure Permanency Plans address current issues/strategies/services for the child and family and contain appropriate goals.

Service Plan Design was the weakest indicator and often failed to address child or family needs, especially for African-American children. When compared by age, permanency plan development was better for children age five and under, weakest for African-American children, and not much better for children age 6 and above, and adjudicated dependent neglect.

Adequate assessments and adequate Permanency Plans are essential to meet the requirements of EPSDT and ASFA, and to the child and family reaching the desired goal or outcome. Failure to identify appropriate services often results in delayed treatment, delayed family intervention, and increased length of stay in custody. Children are staying in custody too long as a result of delays in termination of parental rights, placement for adoption, and, for children who have returned home, delays in release from custody. Procedures to ensure permanence must begin for any child remaining in custody 15 of the last 22 months. This timeframe significantly impacts the need for adequate assessments and adequate Permanency Plan development and implementation. Documentation of efforts to engage families will be essential as justification for reunification or termination of parental rights.

A single case manager system, adequate assessments of children and families, and adequately designed permanency plans should help ensure timely permanency for children.

Service Coordination: Establish a single point of coordination with efforts toward collaboration and communication among all service providers in the child's case and the child and family.

Service coordination improved by four percentage points to 71 percent. Although service coordination has improved, confusion in roles and responsibilities of the dual case manager program design still exist. Increased turnover and vacancies in positions contributed to a number of staff with 12 months or less experience. In addition to limited experience, many also had inadequate training. Limited experience and the lack of training spread to the

supervisory level, leaving many case managers without the supervisory support needed to adequately perform their responsibilities. Supervisors carrying caseloads because of vacancies further eroded supervisory support. Communication between workers was often fragmented. Historical information and current needs of a child and family were not always shared.

Service Coordination was weakest for children in family placements, adjudicated unruly, and of African-American race.

Overall, the dual case manager system has generated a lack of continuity of care and no single point of responsibility or understanding of the case. The more people involved in a child's case, the more crucial the need for communication and coordination. The lack of ownership or clear responsibility adversely impacts the relationships among child, family, and the system. This reduces effective case management, impedes progress, and creates resentment. To adequately coordinate services, a single point of coordination must be established with efforts focusing on positive outcomes for children and families.

Providing children and families with a single case manager should help reduce caseloads to the level of manageability. In 2000, most caseworkers reported caseloads of over 25, and in some cases they were also carrying vacant caseloads.

Permanency Through Adoption: Increase resources to identify and support adoptive placements for children when parental rights have been terminated.

The data for custody too long made a dramatic switch from 1998 to 1999. In 1998 there were significantly more children who needed termination of parental rights (36 percent of those who had been in custody too long), and by 1999 there were significantly more children who had been through termination of parental rights, and now needed to complete adoption (38 percent).

In 2000, these categories switched again and more children needed to complete termination of parental rights. Almost two-thirds of these children were age 6-12. The majority of children who needed to complete adoption were age 6-12. With the 6-12 age group remaining in custody longer than other age groups, an average of 1,188 days, greater efforts are needed to ensure timely permanence for these children.

In 1998, the General Assembly provided additional funding for adoption programs and attorneys to expedite permanency. If the resources are still insufficient, additional funding should be requested to ensure timely permanency.

Special attention should be paid to recruitment and support of foster parents who might also become adoptive parents. Foster parents are often the best source of adoptive placement, especially for older children. Additional foster homes are also needed so they will not have too many children to provide stability and to increase the prospects for adoption.

Advocacy: Reduce the number of children in custody too long and improve access to advocacy for children in custody and their families.

Advocacy for children in custody and their families declined considerably in 2000, but was still higher than previous years. Advocacy was weakest for children 6-12, and not much better for children adjudicated dependent neglect.

Efforts are needed to improve advocacy for all children in custody and their families. However, more concerted efforts are needed to ensure that fundamental due process rights for children and families are met. Additionally, there is a need for funding for additional Court Appointed Special Advocate (CASA) Programs to provide trained and supervised lay advocates. The Governors proposed budget for FY2001-2002 contained an improvement request for Court Appointed Special Advocate (CASA) Programs.

Family-Focused Approach: Increase family-focused, community-based reunification services.

Compared to previous years, family-focused services continued to improve and improved considerably in 2000. Providing supportive interventions to families in order for children to remain in the home or return home still needs attention, especially for African-American children. Treating children in isolation without family intervention generally does not precipitate the changes necessary for children who return home to sustain gains they have made while in out-of-home placements. Nor can family unity be preserved within the home without the necessary services to solve problems that initially brought the child to the attention of the court. Permanency Plans often did not include a family page or family goals, or family pages did not reflect their current needs. Neither did families always receive the necessary assessments to identify problem areas or needs. Based on all the information collected in the case review process, for any family whose child had been in state custody for 30 days or longer, families achieving progress was 59 percent. Families least likely to achieve progress were those with children in foster placements.

Reviewers have increasingly observed more children being cared for by extended family, creating additional demands for more creative services to support these relative resources. An increase in kinship/relative care resources may help families remain intact. The Adoption and Safe Families Act of 1997 also demands increased family services.

Emotional Well-being of Children: Provide appropriate services to address the child's emotional well-being and mental health service needs.

The emotional well-being of children has steadily improved over the last five years. Children need a thorough assessment to identify issues related to their emotional well-being, followed by development of a Permanency Plan that includes the services needed to address those issues identified by the assessment. Children who were rated negative in emotional well-being most frequently were in need of treatment because of issues related to abandonment, attachment, separation and loss, or sexual or physical abuse. The issue here is not whether or not the child is responding to services, but whether or not the system

recognizes the degree to which the child has emotional and mental health needs and is providing appropriate services to meet those needs.

Other issues related to emotional well-being reflect characteristics of children who enter custody, such as from homes experiencing domestic violence, little or no relationship with fathers, parents with substance abuse issues, and homes below poverty level. The services needed to address the child's emotional well-being and to promote a desired outcome and timely exit from custody need to be provided in a timely manner at the appropriate level of intensity. Only addressing the barrier that led a child to custody prevents providing treatment or services that encompass the whole child and family adequately to ensure permanency. Emotional-well-being was least likely to be addressed for children 13 and older, and adjudicated unruly.

Placement Resources: Additional placement resources are needed to reduce time in detention/emergency shelter/diagnostic shelter, to provide placements closer to home, and to provide sufficient therapeutic placements.

For children who cannot remain in their home or function in a family environment, a sufficient array of residential placements are needed to meet the needs in the least restrictive environment possible and in a timely manner. Children are remaining too long in temporary placements and experiencing multiple moves before securing the most appropriate level of care. Children in temporary shelters or detention do not always receive education or counseling services appropriate for their needs. They essentially experience what may be called "dead time" while awaiting placement, and must start over working through levels with each change of placement. In July of 2000, emergency shelters and diagnostic and evaluation centers were changed to Primary Treatment Centers in order to facilitate timely treatment for children awaiting placement. As of this report, not enough information had been collected to determine the effectiveness of this change.

In addition, without adequate placement resources, the distance between the child's placement and home creates barriers to permanency.

Additional sex offender programs and alcohol and drug programs are needed to provide timely and appropriate services for children who need treatment to deal with these issues. Since the resources in these two areas are insufficient across the state, children are often awaiting appropriate placement or are placed far from home. This situation provides barriers to family visitation, family therapy, and/or family involvement. Maintaining children as close to home as possible increases the chances for successful reunification.

The Department of Children's Services also needs to continue to recruit foster families and to identify and assist relative caregivers. Increased services are needed for these family-type placements to ensure an adequate permanent placement for the child.

Training Recommendations

During the interview process case managers in each region identified training needs that would better prepare them to perform their job responsibilities. Based on the regional CPORT results CPORT reviewers also identified training needs. A content analysis of the training needs across the 12 Community Service Agencies are recommended as follows:

- Provide regional training, including a focus on region-specific issues.
- Provide sufficient training for staff to develop needed skills to fulfill job roles and responsibilities.
- Provide detailed and specialized casework skills training, including increased hands-on experience.
- Provide supportive supervision and mentoring.
- Improve assessments by providing skills in social history development and updating, and recognizing the need for psychological evaluations and/or specialized assessments.
- Improve permanency plan development to address the needs and problems identified in the assessment.
- Ensure that children and families have Permanency Plans that address current issues/strategies/services, and have clear goals.

Recommendations For Additional Resources

Case managers and/or the CPORT reviewers identified the following resource needs during the interview process and/or the development of the final CPORT results for each region:

- Regular and therapeutic foster homes.
- Level II and Level III residential treatment, including sex offender treatment.
- Substance abuse services for adolescent children and parents.

These resources are needed to eliminate excessive stays in detention/emergency shelter/diagnostic shelter, to provide placements closer to home, to provide sufficient therapeutic placements, and to provide foster homes that become potential adoptive placements.

Evaluation: Continue service delivery outcome evaluation.

The Children's Program Outcome Review Team evaluation process provides a mechanism for system improvement by measuring the effectiveness of the service delivery system, its successes and failures. It is even more valuable as the system undergoes change. With the implementation of the new DCS model a new baseline was established in 1998. From 1994 to1997 the evaluation results showed continued improvement in system functions. In 1998 the performance indicators declined, in some areas dramatically. The 1999 data indicated a path of progress in most areas. However, in 2000 a number of indicators declined, regressed, or stayed at low levels.

Maximum benefit from the evaluation process is dependent upon key stakeholders understanding the process and how the results can be used for system improvement. The challenges for the system are great and complex. The information that is provided by the CPORT evaluation assists key stakeholders in making important decisions regarding programs and services that best meet the needs of children and families.

Participation of DCS staff as external reviewers needs to be encouraged to facilitate an understanding of and focus on an outcome-oriented system that optimally serves the needs of the children and families involved. The cross-training provided by participation in the CPORT evaluation would also be beneficial.

In addition, the data developed by CPORT provide a useful resource for DCS to support its needs, and to refute any inaccurate charges that may be made against it.

The CPORT process has systematically documented the status of children and the performance of the service delivery system as it continues to evolve in Tennessee. It is an important vehicle for both documenting and stimulating positive system change. The process serves as both a road map and a compass. It shows us where we are and points us in the direction we need to go for continuous improvement in the delivery of services to children and families.

APPENDIX A

Definition of Terms

Abandoned/abandonment: To give up a child completely to the state, or to desert the child either before or after custody. Examples: child is left with relative or friend, child comes into custody, whereabouts of parents are unknown; child removed from parent's home due to neglect or abuse, parent then moves away and never calls, writes, or visits child again; parent diminishes contact with child over time to the extent that child eventually never hears from parent.

Abuse: As the term relates to juvenile court – "Abuse" exists when a person under the age of 18 is suffering from, has sustained, or may be in immediate danger of suffering from or sustaining a wound, injury, disability or physical or mental condition caused by brutality, neglect or other actions or inactions of a parent, relative, guardian or caretaker [TCA 37-1-102(b)(1)].

Adjudication: The court's process to determine the validity of the allegations made in a petition or complaint.

Adoption and Safe Families Act (ASFA) of 1997: Federal legislation requiring reduction in the timeline for Permanency Planning hearings from 18 to 12 months, with related guidelines on reasonable efforts to ensure reunification with family or relatives or termination of parental rights.

Assessment: A global term for observing, gathering, recording, and interpreting information, to answer questions and make decisions. An adequate assessment should generally include a complete collection of pertinent information pertaining to the child and family that would enable the case manager to create an appropriate long-term view for services and design an adequate permanency plan. See page 33 for additional information.

Behavior: As defined by the Child and Adolescent Functional Assessment Scale - Daily behavior toward self and/or others is appropriate, acceptable and understandable taking into account developmental level including patterns of interpersonal interactions.

Child: A person under 18 years of age. In no event shall a person 18 years of age or older be committed to or remain in the custody of the Department of Children's Services by virtue of being adjudicated dependent and neglected, unruly or in need of services, unless in custody prior to the age of 18 and determined to remain in the care of the department in order to complete high school or other educational training or for the purpose of receiving other services. The Department of Children's Services may review the status of any person who has reached the age of 19 who is in the legal custody of the department and whose last commitment is based on an adjudication of delinquency to determine if the person should remain in the care of the department in order to complete high school or other educational training or to receive other services. [TCA 37-1-102(b)(4)]

Confidence level: The probability of obtaining a given result.

Congregate living facility: Applies to congregate living facilities with more than 8 beds.

Custody: The control of actual physical care of the child and includes the right and responsibility to provide for the physical, mental, moral, and emotional well-being of the child. Custody under the juvenile court relates to those rights and responsibilities as exercised either by the parents or by a person or organization granted custody by a court of competent jurisdiction [TCA 37-1-102(b)(8)].

Custody too long: Based on the totality of circumstances, a universal strategic way of concluding permanency should already have been achieved for the child.

Data: Pieces of information that can be analyzed and used to bring understanding about an event or activity presented numerically.

Delinquent act: An act designated a crime under the law, including local ordinances of this state, or of another state if the act occurred in that state, or under federal law, and the crime is not a status offense, and the crime is not a traffic offense as defined in the traffic code of the state other than failing to stop when involved in an accident, driving while under the influence of an intoxicant or drug, vehicular homicide or any other traffic offense classified as a felony [TCA 37-1-102(b)(9)].

Delinquent child: A child who has committed a delinquent act and is in need of treatment or rehabilitation [TCA 37-1-102(b)(10)].

Dependent and neglect child: A child who is without a parent, guardian, or legal custodian; whose parent, guardian or person with whom the child lives, by reason of cruelty, mental incapacity, immorality, or depravity is unfit to properly care for child; who is unlawfully kept out of school; whose parent, guardian, or custodian neglects or refuses to provide necessary medical, surgical, institutional, or hospital care for such child; who because of lack of proper supervision, is found in any place the existence of which is in violation of law; who is in such condition of want or suffering or is under such improper guardianship or control as to injure or endanger the morals or health of child [TCA 37-1-102(b)(12)].

Detention: Confinement in a secure or closed type of facility that is under the direction or supervision of the court or a facility that is designated by the court or other authority as a place of confinement for juveniles [TCA 37-1-102(b)(13)].

Domestic violence: Physical violence between two or more people within their home environment.

DSM IV: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition – A categorical classification of mental disorders into types based on criteria sets with defining features. It uses a multiaxial system that refers to a different domain of information that may help the clinician plan treatment and predict outcome. There are five axes included in the DSM-IV multiaxial classification:

Axis I Clinical Disorders

Axis II	Personality Disorders Mental Retardation
Axis III	General Medical Conditions
Axis IV	Psychosocial and Environmental Problems
Axis V	Global Assessment of Functioning (GAF) for reporting the clinician's judgment of the individual's overall level of functioning.

Early and Periodic Screening, Diagnosis and Treatment (EPSDT): This is a required service under federal Medicaid law and, thus, is required in Tennessee's managed care Medicaid program known as TennCare, mandating a well-child screening for all children under the age of 21, and treatment for any problems identified. All children under TennCare should get regular screenings (checkups) from their primary care physicians in their MCOs. The EPSDT screening must include seven elements:

1. Comprehensive health and developmental history.
2. Comprehensive unclothed physical exam.
3. Appropriate immunizations (shots).
4. Laboratory tests.
5. Health education.
6. Vision screening.
7. Hearing screening.

Additional requirements include an annual dental checkup.

The MCO and/or BHO must provide child with medically necessary diagnostic testing and treatment for any health, developmental, or behavioral problem found as a result of the EPSDT checkup.

Emotional Well-being: A state of emotional stability, objectivity, and friendliness indicating a lack of emotional problems (e.g., depression, withdrawal, non-compliance, acting out, sexual abuse, physical abuse, grief, separation and loss, etc.) that could disrupt the home situation and precipitate need for longer term services if those needs were left unaddressed.

Environmental/cultural deprivation: Lack of exposure to basic social norms.

Family-centered: Services that look at the needs of the whole family, not just at the child being served.

Family Crisis Intervention Program (FCIP): Applies to children who have been adjudicated unruly. Prior to ordering a commitment to the Department of Children's Services, the child must be referred to the family crisis intervention program. The court may commit the child to the Department of Children's Services after such juvenile-family crisis intervention program

certifies to the court that there is no other less drastic measure than state custody. [TCA 37-1-132(b)(2)].

Family-focused: Plans, services, and evaluation processes that focus on the whole family and not just on the child.

Guardian ad Litem (GAL): The attorney appointed to represent the best interests of the child in court proceedings. TCA 37-1-149 identifies when a GAL should be appointed and requires such an appointment in child abuse cases.

Incarceration: For the CPORT protocol, incarceration refers to a parent who has been jailed or imprisoned pending charges or following an adjudication for an offense, and the jailing/imprisonment has had an impact on the family environment and the child's emotional and/or physical well-being. This can refer to past or present incarcerations.

Little or no relationship with father: Biological father or father figure has been absent from the home over time, resulting in little or no involvement in child's life. Child may know who father is, but there is no real bonding or involvement or relationship established.

Kinship care: Children residing in relative or friend placements that are paid by the Department of Children's Services.

Moods and emotions: As defined by the Child and Alolescent Functional Assessment Scale - the extent to which the child's behavior exhibits age-appropriate skills, control, and expressions of feelings, and the absence of self-harmful behavior.

Outcome: Measurable changes that occur in the individual or organization over time.

Population: A group that has something in common, for example, children in custody and their families, delinquent children, etc.

Permanency Plan: A written plan for a child placed in custody of Department of Children's Services. This document should set out requirements to achieve family reunification or other appropriate plan for permanence.

Physical Well-being: Physiological needs as measured by sufficient food, shelter, clothing, and primary health care that, if not addressed would lead to family disruption, medical problems, and physical problems.

Poverty Level: An individual or family with earnings that fall below the thresholds in the table below:

Size of Family Unit	Amount
1	$ 8,240
2	11,060
3	13,880
4	16,700
5	19,520
6	22,340
7	25,164
8	27,980

Random Sample: Selection by a process that provides each member of a group an equal chance or opportunity of being selected in a sample.

Role Performance: As defined by the Child and Adolescent Functional Assessment Scale – The effectiveness with which the child fulfills the roles most relevant to his or her place in the community, including age-appropriate self-care, chore responsibilities, and observance of rules, school attendance, completion of homework, etc.

Safety: Appropriate safeguards are in place to protect the child, or the community if the child presents illegal/dangerous behavior.

Service Testing: Assessing the quality and outcomes of systems of care performance through an organized process of inquiry, including on-site observations, peer review, and collected documents regarding individual children served and their families.

Sibling group: Refers to siblings of three or more; the average family in Tennessee has approximately two children. Large sibling groups tend to increase service and placement issues and needs.

Substance abuse: As defined by the Child and Adolescent Functional Assessment Scale - maladaptive or inappropriate substance use by children or adults that is disruptive to normal functioning.

Substance abuse issues: Refers to regular or excessive use of drugs, legal or illegal, or alcohol, as to be dependent upon the substance or to abuse the substance.

Thinking: As defined by the Child and Adolescent Functional Assessment Scale - Age appropriate expectations for rational thought and communication.

Statistics: Mathematical terms used for organization and analysis of quantifiable information.

Unruly child: A child in need of treatment and rehabilitation who habitually and without justification is truant from school while subject to compulsory school attendance; habitually is disobedient of the reasonable and lawful commands of the child's parent(s), guardian, or other legal custodian to the degree that such child's health and safety are endangered; commits an offense that is applicable only to a child; or is away from the home, residence, or any other

residential placement of the child's parent(s), guardian, or other legal custodian without their consent [TCA 37-1-102 (b)(23)(A)] .

APPENDIX B

Preliminary System Observations

Hamilton County, 2/25/2000

Southeast, 3/24/2000

Southwest, 4/14/2000

Shelby County, 5/12/2000

Upper Cumberland, 6/2/2000

Mid Cumberland, 6/23/2000

East Tennessee, 8/4/2000

Northwest, 8/31/2000

Northeast, 9/26/2000

South Central, 10/27/2000

Knox County, 11/29/2000

Davidson County, 1/10/2001

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Children's Program Outcome Review Team
Preliminary System Observations
Hamilton County
February 25, 2000

System Strengths

47 of the 48 children (98%) were appropriate for custody at the time of custody.

Efforts were made to place siblings together in all appropriate cases except 2.

Only 2 children had experienced problems receiving services under TennCare.

For children who were not on runaway, all but 1 child had current EPSDT screenings completed or scheduled, and all recommended additional diagnostic tests and treatments had been provided.

Services, often multiple services, were offered/provided in an effort to prevent custody for 32 children (67%), including: 16 non-custodial assessment; 14 Home TIES; 10 counseling; 9 family crisis intervention; 7 probation; 6 non-custodial network; 6 relative placement; 6 alcohol/drug services for parent or child; 4 day care; 4 case management; and a variety of other services. 11 families/children failed to engage with the prevention services offered.

Excluding children who were on runaway status, all but 2 children (95%) were in the least restrictive, most appropriate placement – 1 needed a less restrictive placement and 1 needed a more restrictive placement.

4 of the 15 children in foster homes (27%) were in exceptional foster homes that were going above and beyond to ensure that needs were met; the other 11 (73%) were in adequate foster homes; 6 children were in foster homes that were interested in adopting them.

Case coordination was adequate for almost 3 in 4 children (73%) with all relevant parties having current information regarding children/ families/services.

For those children not in family placements (5) and not on runaway status (9), 20 were placed within Hamilton County (59%); 4 in Knox County; 5 in specialized state facilities; 3 in Middle Tennessee; and 1 each in East and Upper Cumberland.

19 children (40%) had judicial reviews of their cases to monitor progress and services.

21 children (44%) had a CASA/GAL/attorney assigned to their cases.

13 children (27%) had experienced only 1 placement or only 1 placement following assessment.

Extracts had accurate information in all but 8 cases (83%), with inaccuracies including 4 incorrect custody dates; 4 incorrect case manager, and 2 incorrect adjudication.

Between the time cases were selected for review and the review was actually conducted, there was substantial increased activity in 17 cases (35%), including: 4 new permanency plans; 2 new/updated social histories; 2 staffings; 2 released; 2 moved to placements; 1 RCM assigned; 1 EPSDT and dental screening scheduled; 1 record reviewed; 1 RCM initial visit to foster home; 1 school team meeting scheduled.

Noteworthy Accomplishments

Staff at a shelter and the Departmental RCM went above and beyond in efforts to meet needs and to identify an appropriate placement for a child.

Emerging System Performance Issues

All but 4 children (92%) have experienced a new RCM or HCCM within the last 12 months. 27 children (56%) have case managers who have been employed by DCS for 12 months or less; 20 children have case managers who have been assigned to their case 12 months or less.

12 children (25%) had inadequate assessments: including 5 with no or inadequate social histories; additional needs included: 3 psychological evaluations; 2 educational evaluations; 2 psycho-educational evaluations; 1 family assessment; 1 current behavioral issues assessed; 1 had an incomplete psychological evaluation.

20 children (42%) had inadequate or no (3) Permanency Plans due to failure to adequately address: child's current needs/circumstances (12); emotional needs (6); family needs (4); no or inadequate timelines (4); issues that led to custody (2); educational needs (1); current goal (1); 2 were vague; and 1 did not include DCS responsibilities.

26 children (54%) have experienced 4 or more placements, including runaway, ranging from 4 to 51 placements, with an average of 8 and a median of 7 placements.

17 children's case records (35%) did not clearly reflect placement history because of the lack of a uniform method for tracking placement history.

16 children (33%) spent an excessive number of days in temporary placements (detention/emergency/diagnostic shelters), with a range from 35 to 252 days, and an average of 87 days; some of them moved from one temporary placement to another. 6 of the children had excessive stays after 10/1/99.

14 children had received Home TIES but still came into or returned to custody; 9 children received crisis intervention team services but still came into custody.

12 children (25%) have been in custody multiple times: 10 two times; 2 three times.

Truancy or other school problems were major factors contributing to custody for 9 of the 40 school age children (23%).

2 children were sexually abused in foster homes, and 2 were physically abused in foster homes in the past, 1 child multiple times.

TennCare/TennCare Partner Issues:

- In-patient psychiatric services for 1 child were denied by the MCO/BHO so the continuum paid for the service.
- 1 child has been denied approval for an effective medication for enuresis because of changes in formulary and is currently without effective medication.

Other Critical Issues

- 36 children (75%) had little or no relationship with their fathers; 25 children (52%) had little or no relationship with their mothers.
- 31 children (65%) have parent(s) with substance abuse issues, 17 of them both parents (35%); 14 children's parents (29%) were using crack/cocaine and 5 of the parents were involved in dealing drugs.
- 28 children (58%) were born to biological parents who were not married.
- 28 children (58%) were from homes/families living below the poverty level.
- 26 children (54%) have parents who are or have been incarcerated.
- 20 children (42%) are from families who live in high crime areas.
- 16 children (33%) had experienced domestic violence.
- 15 children (31%) had experienced abandonment.
- 14 children (29%) had experienced psychiatric hospitalization, 12 of those age 13+ (40%) with 1 child having 2, 2 children having 3, 3 children having 4, and 1 child having 7 hospitalizations.
- 14 (29%) children are/have a history of ADHD/ADD; 10 additional children (21%) have a diagnosed learning disability.
- 13 children (27%) were allegedly physically abused.
- 12 children (25%) were allegedly sexually abused; 5 children (10%) were allegedly involved in incest; 2 children who had been sexually abused were also sexual perpetrators.
- 12 children (25%) had experienced the death of someone close to them.
- 12 children (25%) were environmentally/culturally deprived.
- 12 children ages 13+ are sexually active (40%), and 3 have had sexually transmitted diseases.
- 11 children (23%) are diagnosed as mentally retarded or with borderline intellectual functioning.
- 10 of the children who are ages 13+ (33%) had substance abuse issues; 2 were dealing drugs; 9 (30%) used tobacco.
- 8 children (17%) have parents diagnosed mentally ill, and 7 (15%) have parents diagnosed as mentally retarded.
- 8 children (17%) are/have been diagnosed SED.
- 8 children (17%) had parents in custody as children, 1 both parents.
- 8 children (17%) have had suicidal ideations and 5 have attempted suicide.
- 4 of the children who are ages 13+ (13%) and 1 young child's parents allegedly are/have been involved in gang activity.
- 5 children who are age 13+ (17%) are/have been pregnant or are parents.
- 5 children (10%) were substance exposed prenatally.
- 13 children (27%) were from sibling groups of more than 3 children, larger than the average family in Tennessee.

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Southeast Tennessee Region
Preliminary System Observations
March 24, 2000

Service System Strengths

EPSDT had been completed or scheduled for all but 1 child, and no one interviewed was sure about that child's EPSDT status.

All but 2 children who were not on runaway (95%) were in the least restrictive most appropriate placement, 1 child needed a more restrictive placement and 1 child needed a different placement at the same level.

Efforts were made to place siblings together when appropriate in all but 2 cases.

All but 3 children (94%) were appropriate for custody at the time of custody.

41 children (87%) had at least 1 case manager with a good working knowledge of their case.

Foster homes provided exceptional care for 14 of the 21 children in foster homes (67%), providing loving, nurturing stable placements and making substantial efforts to ensure that children received needed services; 6 additional foster homes were adequate; 1 child was in a foster home that was not able to meet the child's needs. Foster parents were interested in adopting 12 of the 21 children in foster homes (57%).

For the 35 children who were not on runaway or in family placements, 13 (37%) were placed in their home county; 6 (17%) were in Hamilton County; 6 (17%) were in RRMG placements; 5 (14%) in the Southeast Region; 3 in state facilities; 1 out of region; and 1 with foster parents who moved out of state.

In 25 cases (53%), substantial intervention services were offered/provided to prevent custody, including: 10 counseling; 9 state or county probation; 5 crisis intervention; 5 relative placement; 5 intensive case management; 4 non-custodial assessment; 4 Home TIES; 4 child protective services; 3 alternative school placement; and a variety of other services.

21 children (45%) had experienced only 1 placement or only 1 placement following assessment.

6 children (13%) had parent/parent figures(s) who have been or are being prosecuted for an offense against the child or a sibling, reflecting stronger efforts to prosecute parents than sometimes experienced.

In 45 cases (96%), extracts had accurate critical information; missing or inaccurate critical information included 1 incorrect sex and 1 incorrect county of venue.

Between the time workers were notified of cases selected for review and the review was actually conducted, 7 cases (15%) experienced substantial increased activity, including: 3 new/updated social histories; 2 new/updated Plans; 2 staffings set, and 1 each of the following: HCCM visit to foster home; EPSDT scheduled; quarterly review; therapy scheduled; case manager assigned; contract case manager assigned; child released; discharge staffing; effort made to locate mother and child.

Noteworthy Accomplishments

- A foster home provides exceptional care for a child with multiple disabilities, has had special adaptations made in the home to meet the needs of the child, and has aggressively pushed for the child's needs to be met.
- Another foster home has made a long-term commitment to a child with multiple disabilities who has exceeded expectations for progress.
- One person became a foster parent for an individual child and has served as an aggressive advocate for the child's needs.

Emerging System Performance Issues

Assessments were inadequate for 10 children (21%), with inadequacies including: 3 needed a psychological evaluation; 3 had no/inadequate/out-of-date social history; 2 needed psychiatric assessment for medications; and 1 each needed: psycho-sexual, educational, psycho-educational, medical, or alcohol and drug assessment; 1 family assessment.

13 children (28%) had inadequate Permanency Plans with deficiencies including: 8 failed to address current circumstances/needs/services of children; 4 did not address special service needs for children; 3 did not have appropriate goals; 2 did not address family issues; 1 each had: no plan, vague plan, or no point of coordination.

Coordination was inadequate in 12 cases (26%), with inadequacies between: 5 HCCM-contract agency; 3 HCCM-RCM; 3 HCCM-family; 2 HCCM-placement; 1 HCCM-placement-educational provider; and 3 no coordination among anyone.

In 19 cases (40%), there were no ongoing efforts by the courts to keep up with what was happening to children in custody.

19 children (40%) have one or more case workers employed by DCS for 12 months or less; 12 children (26%) have a case manager who has been assigned the child's case less than 12 months.

36 children (77%) have one or more case managers with more than 25 cases.

13 children (28%) had custody precipitated primarily by truancy/school-related problems.

12 children (26%) experienced 4 or more placements; with both the average and the median being 7.

13 children (28%) have been in custody too long: 8 needed termination of parental rights; 2 needed adoption; 2 needed to return home; 1 other.

10 children (21%) had excessive stays in detention/emergency shelter/diagnostic shelter, with the average being 67 days, and the median being 60; 2 of them experienced excessive stays after 10/1/99.

7 children (15%) are in custody for the second time.

5 children (11%) received crisis intervention services and 4 children (9%) received Home TIES services but still came into custody.

1 child was allegedly sexually abused in a contract foster home.

TennCare/TennCare Partners/EPSDT issues included the following:

- 1 child experienced a delay in changing primary care physician due to an inadequate provider network.
- MCO denied 24 hour nursing care for 2 medically fragile children when they were discharged from the hospital.
- 1 child with serious disabilities needs specialty care that the MCO repeatedly denied, and then repeatedly reinstated upon appeal.
- 1 child has experienced difficulty receiving timely appointments for needed sexual abuse victimization counseling.
- 1 child has been on a waiting list for counseling for several months due to an inadequate provider network.
- 2 children have been unable to receive needed dental care because of an inadequate provider network.

Other Critical Issues

- 31 children (66%) have parents who have/have had substance abuse issues.
- 30 children (64%) had little or no relationship with their fathers; 16 children (34%) had little or no relationship with their mothers.
- 29 children (62%) have a parent(s) who is or has been incarcerated.
- 24 children (51%) were from homes below the poverty level.
- 17 children (36%) are from sibling groups of 3 or more children, including 4 sets of twins.
- 20 children (43%) were allegedly physically abused, 8 children (17%) when they were age 5 or under; 3 children were "shaken babies"; 3 of the 8 children under 5 (38%) had been severely abused.
- 19 children (40%) experienced domestic violence in the home.
- 18 children (38%) were born to parents who were not married to each other.
- 15 of the 25 children who were ages 13+ (60%) have/have had substance abuse issues.
- 15 of the 25 children who are ages 13+ (60%) were reportedly sexually active.
- 11 children (23%) were allegedly sexually abused; 3 of the children (6%) experienced incest.
- 13 children (28%) were diagnosed with ADD/ADHD.
- 10 children (21%) have experienced psychiatric hospitalization; 6 of them multiple hospitalizations.
- 7 children had experienced suicidal ideation or attempts, 6 of the 25 who are now 13+ (24%); 2 parents had committed suicide.
- 8 children (17%) were diagnosed SED or with other serious psychiatric diagnoses.
- 7 children (15%) had a parent who was in custody as a child.
- 7 children (15%) had a parent diagnosed with a mental illness.
- 7 children (15%) were, or were suspected of being substance exposed prenatally; 5 children (11%) were medically fragile.

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Southwest Region
Preliminary System Observations
April 14, 2000

Service System Strengths

All children have received EPSDT screening.

All children who were/had been at Wilder Youth Development Center received appropriate services.

When appropriate, efforts were made to place siblings together in all cases except 2 (96%).

All except 5 children (90%) were appropriate for custody at the time of custody.

There were very few TennCare issues in these cases.

23 children (48%) had experienced only one placement or only one placement following the assessment phase.

In all but 5 cases (90%), children were in the least restrictive, most appropriate placements, 3 needed a less restrictive placement, 1 needed a different placement at the same level, 1 needed evaluation for appropriate placement.

Of the 39 children who were not in family placements, 11 children (28%) were placed in their home county, 19 children (49%) within the Southwest region, 4 children (10%) in RRMG or grand region placements, 2 children (5%) were in specialized facilities in South Central region, 1 child in a state facility out of region; 1 child was placed out of region; and 1 was out of state with foster/adoptive parents.

13 of the 26 children in foster homes (50%) were in foster homes that were really committed to them, including meeting needs, providing long term placements, meeting extra and/or special needs; 12 were in adequate foster homes, and 1 was in a foster home that did not appear adequate. 19 children (73%) were in foster homes that are possibly interested in adopting them.

Abuse perpetrators were prosecuted or had prosecution pending in 5 cases (4 sexual abuse; 1 physical abuse).

Extracts had accurate critical information in all but 13 cases (73%); inaccuracies included: 3 incorrect custody date; 3 wrong race; 3 wrong/misspelled name; 2 incorrect adjudication, 2 wrong county; 1 wrong caseworker; 1 wrong date of birth; and 2 wrong gender.

Between the time cases were selected for the review and the review was actually conducted, 25 cases (52%) experienced substantial increased activity, including: 16 revised permanency plans (but only 2 were adequate); 9 new/updated social history; 4 visit with the child; 3 staffing; 2 TPR filed; 2 case manager assigned; 1 release from custody begun; 1 sent home; 1 assessment; 1 progress report; 1 progress report from RCM to HCCM; 1 record found; 1 record transferred; 1 received dental services.

Noteworthy Accomplishments

An RCM has provided extensive supportive services to enable a foster mother to keep a child with behavior problems and has arranged substantial extra-curricular activities for the child.

A foster mother has strongly advocated and ensured that the needs of a child with serious medical and developmental needs are met. Two other foster parents have provided extensive support for medically fragile children, including one working supportively with a relatively hostile mother.

Emerging System Performance Issues

21 children (44%) have a worker with six months or less experience with DCS; 15 children (31%) have a worker with 12 months or less experience with DCS; caseworkers for 22 children (46%) had an inadequate working knowledge of the case and the child/family needs.

24 children (50%) had inadequate assessments, including: 10 with incomplete or no social histories; 8 needed a psychological evaluation, but one was not requested; 5 needed psycho-educational assessment; 3 needed educational assessment; 3 had no copy of child/parent psychological evaluation; 2 had no assessment; 2 needed psycho-sexual assessment; 1 medical evaluation; 1 alcohol and drug evaluation; 1 family evaluation.

27 children (56%) had inadequate permanency plans; inadequacies included: 5 had no permanency plan; 18 were outdated and not reflecting current situations; 5 did not address family needs; 4 had inadequate timelines; 4 had no permanent goal; 2 included

inappropriate tasks/goals for child or family; 2 did not have clear responsibilities; 2 had gaps; 1 was vague; 1 had inaccurate information. Permanency plans for 10 children (21%) were developed with inadequate child/parent/caregiver participation.

Coordination was inadequate in 25 cases (52%), 11 inadequate communication with child/parent/caregiver; 8 no effective communication; 8 inadequate between HCCM and RCM; 2 inadequate communication with DCS legal services; 1 inadequate within the continuum and from the continuum to DCS.

In 28 cases (58%), it appeared that it would be better if there were a single case manager and a single point of responsibility; 36 of the 76 case managers interviewed (47%) reported having more than 25 cases, 7 because they were also covering vacant caseloads.

20 children (42%) had been in custody too long, needing: 8 termination of parental rights; 3 completion of adoption; 4 go home; 2 be released; 3 missed the window of opportunity for permanence.

16 children (33%) need special education services or evaluation; 10 (63%) are receiving needed services; 6 (38%) are not.

15 children (31%) had experienced 4 or more placements, with the highest being 10 and both the average and median 5 placements.

4 of the 21 children who are 13+ (19%) experienced excessive time in emergency/diagnostic shelter, with the average being 62 days, all before 10/1/99.

7 children (15%) were in foster homes that seemed to have more children than desirable under the circumstances; foster parents for 4 children were receiving excessive/inappropriate pressure to adopt.

8 children (17%) were from families that received Home TIES services and 3 received crisis intervention services but still came into custody.

7 children (15%) were in custody for the second time and 2 (4%) were in custody for the third time.

4 children were allegedly abused in placement, 3 in foster homes and 1 in group placement, 3 physically and 1 sexually; all 3 foster homes were closed; 1 in placement is still under investigation.

Effective advocacy for children or families was virtually non-existent.

TennCare/TennCare Partners/EPSDT Issues:

- DCS failed to assist in transitioning a child to other TennCare options when custody ceased.
- There are no primary care providers for a child placed out of region, and the child has not received needed dental services. An attempt to make a change with an MCO resulted in a 2 ½- hour wait on hold and then the provision of incorrect instructions by the MCO.

Critical Issues

36 children (75%) had little or no relationship with their fathers; 17 children (35%) had little or no relationship with their mothers.
33 children (69%) had parents with substance abuse issues; 5 of the 21 children ages 13+ (24%) have/have had substance abuse issues.
29 children (60%) were from homes living below the poverty level.
28 children (58%) have parents who are or have been incarcerated; 11 (23%) of them both parents.
22 children (46%) have parents who were never married to each other.
17 of the children ages 13+ (81%) were reportedly sexually active.
16 children (33%) were allegedly physically abused; 10 children (21%) were allegedly sexually abused, 6 allegedly involving incest.
11 children (23%) experienced domestic violence.
8 children (17%) came into custody from squalid living conditions; 5 children (10%) had lice when they came into custody.
7 children (15%) had been abandoned.
7 children (15%) have a parent diagnosed with a mental illness.
6 children (13%) were diagnosed as mentally retarded.
5 children ages 13+ (24%) had Juvenile Court Commitment Orders (JCCO) for evaluation; 6 children ages 13+ (29%) and 1 child under age 13 have experienced psychiatric hospitalizations that were not JCCOs.
5 children ages 13+ (24%) have been charged with serious offenses against persons.
5 of the children who are 13+ (24%) were reportedly involved in gang activities.
5 children reviewed are parents or expectant parents.
3 children were medically fragile.
30 children (63%) were from families with three or more siblings.

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Memphis/Shelby County Region
Preliminary System Observations
May 12, 2000

Service System Strengths

All except 3 children (95%) were appropriate for custody at the time of custody. Truancy did not precipitate custody for any children reviewed.

In all except 3 cases (95%) efforts were made to place at least some siblings together when appropriate.

There were minimal TennCare issues in this region. All but 3 children had received an EPSDT screening.

All except 8 children (85%) who were not on runaway were in the least restrictive, most appropriate placements; 3 needed different placements at the same level; 2 needed less restrictive placements; 2 were not in appropriate family placements; 1 needed a treatment placement.

Of the 38 children who were not in family placements or on runaway, 31 children (82%) were placed in Shelby County; 5 (13%) in placements in rural West Tennessee; 1 each in Mid-Cumberland and Davidson (1 in a continuum, 1 in a specialized placement).

18 of the 30 children in foster homes (60%) were in foster homes that were extremely committed to meeting the needs of the children, meeting substantial medical needs, providing enrichment activities, bonded, loving, caring and supportive of the children, maintaining family contacts when appropriate; 11 were in adequate foster homes; 1 child was in a foster home that was not appropriate to meet the child's needs; 14 of these children (47%) were in foster homes that were interested in adopting them.

22 children (39%) had experienced only one placement or only one placement following assessment.

Services were being provided for 16 of the 23 children whose families needed services for reunification (70%).

For 5 of the 9 children in continuum placements, continuum staff was the driving force in service provision, very knowledgeable about the children, making substantial efforts to meet their needs and facilitate permanency. In 3 cases, continuum foster parents were the driving force.

10 of the 12 children with special education needs were receiving services to meet their needs; for 3 children the schools have recently decided to test for special education needs that should have been previously addressed.

Extracts had accurate critical information in all but 16 cases (71%); in those cases inaccurate or missing information included: 4 names misspelled; 3 wrong custody date; 3 wrong Social Security Number; 2 wrong sex; 2 wrong birth date; 2 wrong adjudication; 1 wrong race; 1 wrong name; 1 wrong custody exit date. However, the extract included a substantial number of children who were not in state custody but receiving non-custodial services.

Between the time cases were selected for review, and the review was actually conducted, 19 children (34%) experienced substantial increased activity, including: 8 new/updated social history; 6 worker assigned; 4 new/updated permanency plan; 2 identified HCCM and RCM; 2 visits with child; 1 each of the following: call to family; EPSDT scheduled; discovered out of custody; RCM sent plan to HCCM; visit to child/family; call to child after 13 months; 1 request for court for release; 1 child's placement/location identified.

Noteworthy Accomplishments

- A foster mother has researched conditions and treatment options and provided substantial stimulation and intervention so a child has achieved developmental milestones previously considered impossible. Another foster family provided extensive advocacy for a child with significant special needs so that the child has made substantial progress.
- A therapist provided extensive advocacy, including advocacy for systems change, for a child to ensure that the child received needed services for continuity of care, and the therapist also provided services far above those required.
- A residential contractor has provided substantial assistance for a child to facilitate future employment/education options after custody.

Preliminary System Observations

Assessments were inadequate for 19 children (34%), including: 16 with no/incomplete/outdated social history; 3 with no assessment; 3 with inadequate family information/assessment; 2 needed psychological evaluation; 2 needed medical documentation; 1 each needed: educational assessment; medical assessment; parent A&D evaluation; parent psychological evaluation.

Permanency Plans were inadequate for 29 children (52%), with deficiencies including: 14 did not reflect current circumstances; 9 did not address needs/services for the child; 4 did not address family needs; 3 did not have clear strategies to achieve goals; 3 had no plan. 36 permanency plans (64%) were developed by DCS staff with no input or signatures.

46 case managers reported caseloads of more than 25 with the median being 32.

25 children (45%) had been in custody too long: 10 (18%) needed to complete adoption; 5 (9%) needed release from custody; 5 (9%) had missed the window of opportunity for other alternatives; 4 (7%) needed termination of parental rights; 1 (2%) needed to live independently.

4 children were in custody for the 2nd time and 2 for the 3rd time; 1 child had previously been under the Shelby County Youth Services Bureau.

12 children (21%) had experienced 4 or more placements, with the average and the median being 8; 3 children had insufficient placement history information to determine how many placements they had experienced.

3 children experienced multiple/excessive temporary placements, ranging from 120 to 240 days, 2 of them after 10/99.

Coordination was inadequate for 17 children (30%), with inadequacies between: 6 HCCM-RCM; 5 HCCM-placement; 2 continuum-placement; 1 court-CPS-HCCM; 1 HCCM-relative; 7 no coordination at all. 9 of the 14 children with both a HCCM and RCM, the case would have been as well off or better with only 1 case manager.

27 children (48%) had a case manager who had been with DCS for 12 months or less.

There was a substantial lack or virtually no evidence of effective legal advocacy for children or families.

The scheduling process with the court resulted in interviews with several staff who were not familiar with the child/case, in other cases workers or supervisors had extensive information and were very helpful, especially one staff person.

For 9 children, case managers stated that they were not required to do a new/updated plan either for children on extended home visit, or because the contract agency would develop the plan for children in their placements.

8 children have remained in custody on extended visit for excessive time, ranging from 9 to about 36 months, with the average about 15 months.

11 children (20%) had received Home TIES services, and 3 received Crisis Intervention Services but still came into/returned to custody.

2 children were allegedly physically abused in foster homes from which they were removed and the homes timely closed; and 1 child was allegedly sexually abused in a foster home by another foster child.

TennCare/TennCare Partners/EPSDT/MCO/BHO issues included the following:

- MCO habitually denies service over $500 for a child with multiple needs, but the services are provided following appeal by the foster mother.
- 1 foster parent is paying for dental services because of difficulty locating a provider for a child.
- 1 child had difficulty/delays in getting a prescription filled due to an inadequate provider network.

Critical Issues

46 children (82%) were from sibling groups of 3 or more children, larger than the typical family in Tennessee, and 29 children (52%) were from sibling groups of 5 or more children.
44 children (79%) had little or no relationship with their fathers; for 5 children (9%) the birth father was unknown; 27 children (48%) had little or no relationship with their mothers.
38 children (68%) had parents with substance abuse issues, 18 children (32%) both parents; for 30 children (54%), parents abused crack or cocaine.
35 children (63%) had parents who never married each other; 33 children (59%) were from sibling groups with multiple fathers.
35 children (63%) came into custody primarily because of neglect; 2 children came into custody from the hospital following birth.
19 children (34%) had been abandoned; 32 children (57%) have a parent(s) with unknown whereabouts.
13 children (23%) had experienced squalid living conditions.
11 children (20%) were allegedly physically abused; 9 children (16%) were allegedly sexually abused, 4 children (7%) the victims of incest
11 children (20%) had experienced domestic violence in the home.
10 of the 35 children ages birth to 12 (29%) and 2 children ages 13+ were substance exposed prenatally - 7 fetal alcohol and crack/cocaine exposed, and 5 crack/cocaine exposed.
7 children (13%) had parents diagnosed as mentally ill, and 7 children (13%) had parents diagnosed mentally retarded.
7 children (13%) had experienced psychiatric hospitalization, 33% of the children ages 13 plus; 1 child had experienced 2 hospitalizations.
5 children ages 13+ (24%) had experienced suicidal ideations.
3 children had sexual perpetration histories; 8 additional children had histories of sexually acting out.

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Upper Cumberland Region
Preliminary System Observations
June 2, 2000

Service System Strengths

All except 3 children (94%) were appropriate for custody at the time of custody.

In all cases when it was appropriate, efforts were made to place siblings together.

All except 5 children (89%) who were not on runaway were in the least restrictive, most appropriate placements: 2 needed less restrictive placements; 1 needed more restrictive; 2 needed different placements at the same level.

28 children (60%) had services to prevent custody: 16 county/state probation; 5 Homemaker services; 8 individual/group counseling; 4 child protective services; 3 non-custodial assessments; 3 Crisis Intervention Services; 1 Home TIES; 2 psychological evaluations.

Of the 33 children who were not in family placements or on runaway: 10 were placed in home county (32%), 14 in the CSA region (41%), 5 in the RRMG (15%), 1 in specialized placement, and 3 out of region (9%).

16 children (34%) had experienced only one placement or only one placement following assessment.

In all but 3 cases children had completed EPSDT screenings.

37 children (79%) had case managers who made efforts to engage families in the planning and implementation of services.

11 children who were identified as needing special education services were receiving services.

7 of the 20 children in foster homes (35%) were in warm, nurturing placements that were taking the initiative to ensure that needed services were provided, caring for extremely difficult children and/or supported child in extra activities; 8 children (40%) were in foster homes that were interested in adopting them.

Extracts had accurate, critical information in all but 8 cases (83%); inaccurate information included: 2 date of custody; 1 date of birth; 3 case manager; 1 adjudication. 4 additional cases had misleading information on race due to no field for biracial identification.

Between the time cases were selected for review and the review was actually conducted, 7cases (15%) experienced substantial increased activity including: 1 new permanency plan; 1 updated permanency plan; 1 updated social history; 1 case manager contact with parent; 1 ICPC; 1 discharge staffing held day of review; 1 new placement; 1 surrender of parental rights; 1call for update information on progress.

Noteworthy Accomplishments

One child with unique nutritional needs was receiving exceptional care from staff in a group placement.

An extended family member came out of retirement and returned to work in order to provide a home for a large sibling.

Emerging System Performance Issues

29 children (62%) had legal representation, either a GAL, court appointed attorney, or CASA, but there was a lack of evidence of effective legal advocacy for the children or families.

Caseworkers for 32 of 47 children (68%) reported caseloads of over 25, with the highest being 59.

25 children (53%) had a case manager with less than 12 months experience and 27 children (37%) had experienced caseworker turnover, both resulting in a basic lack of knowledge of the system, delays in permanency, lack of monitoring and/or change; delays in services, lost documentation, and vacancies for several months resulting in parents/children/ foster parents not knowing caseworkers.

12 children (26%) had inadequate assessments: 4 no assessment; 3 no clear family picture; 3 incomplete/out of date social history; 3 no EPSDT; 2 needed A&D assessment; 1 needed family assessment;; 1 incomplete medical record; 6 children (11%) needed psychological evaluations, but did not receive them because the need was not recognized/requested.

Permanency plans were inadequate for 19 children (40%); deficiencies included: 9 did not address current needs of family and 8 current needs of child; 4 had inappropriate goals; 1 had no target date; 1 had wrong name of child on plan and inaccurate information.

Coordination was inadequate for 14 children (30%) with inadequacies between: 3 HCCM-RCM; 1 HCCM-school; 1 DCS-legal advocates; 1 HCCM-placement; 1 RCM-placement; 2 courts and DCS; 1 HCCM placement-family; 1 DCS-all parties involved; 4 had no coordination.

10 of the 20 children in foster homes (50%) were foster homes that were only adequate; 3 (15%) were in homes that were inadequate to meet the child's needs; 5 (25%) were in foster homes that had more children than desirable.

22 children (47%) had experienced 4 or more placements; 4 had more than 10 placements, with the highest being 40.

15 children (28%) had been in custody too long: 7 needed TPR; 3 to be released; 2 go home; 2 complete adoption; 2 other.

7 children (23%) experienced excessive stays in detention/emergency shelter/diagnostic shelter, ranging from 36 to 180 days, with the average being 88 days.

8 children (17%) had been in custody more than once; 5 (11%) two times; 3 (6%) three times.

Truancy was the primary reason for custody for 6 children; 4 additional children had substantial truancy/school problems.

1 child received Home TIES, and 1 child received crisis intervention services but still came into custody.

1 child was allegedly physically abused in a group placement; 1child allegedly sexually abused in a foster home; 1 child sexually abused in a foster home by another foster child.

TennCare/TennCare Partners/EPSDT issues included the following:

- 5 children had difficulty receiving dental services due to an inadequate provider network, causing one to travel 30 miles, 2 children to travel 80 miles, and 1 child to travel 90 miles for services; 2 children had to seek another dentist because their dentist had not been paid in seven months and stopped providing services.
- 1 child had difficulty finding a pediatrician and is being seen at a walk-in clinic for medical services.
- 1 child came into custody after the MCO denied further payment for specialized treatment.

Critical Issues

30 children (64%) had parent(s) with substance abuse issues; 15 (32%) were poly-substance abusers, 2 made methamphetimines; .

28 children (60%) have parents who are or have been incarcerated; 7 (15%) both parents.

22 children (47%) had little or no relationship with father; 10 children (21%) had little or no relationship with mother.

18 children (38%) were from homes below the poverty level; 9 children (19%) were culturally/environmentally deprived.

17 children (36%) had experienced domestic violence in the home.

16 children (34%) were allegedly sexually abused; 10 children (21%) allegedly experienced incest; 3 additional children's siblings allegedly experienced incest; 3 children were sexual offenders; 10 children (21%) were allegedly physically abused.

15 children ages 13+ (56%) were sexually active; 1 child was a parent.

14 children's (30%) parents never married each other. 8 children (17%) had parents who were under 18 when they had their first child

13 children ages 13+ (48%) have/have had substance abuse issues; the same 13 were poly-substance abusers, many repeatedly.

10 children (21%) had a parent who was diagnosed with a mental illness. 4 children and 3 parents were diagnosed MR.

10 children (21%) had a history of psychiatric hospitalizations; 6 (13%) were diagnosed with serious mental health issues, 2 under 13 years of age; 2 children had history of self-mutilation.

9 children ages 13+ (33%) and 1 child under age 13 had threatened suicide; 4 had actually attempted suicide, 3 of them multiple times. 8 children (17%) were abandoned; 8 children (17%) had deceased parent(s).

7 children (15%) had experienced the loss of a family member through violent crimes; 4 of them had witnessed such crimes.

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Mid Cumberland Council on Children and Youth
Preliminary System Observations
June 23, 2000

Service System Strengths

All but 4 children (92%) were appropriate for custody at the time of custody.

23 children (47%) had substantial services provided in an effort to prevent custody, including: 10 probation; 7 non-custodial assessment; 7 alternative school; 7 CPS/safety plan; 7 child/family crisis intervention; 6 counseling; 4 Home TIES; 3 community service; 3 homemaker; 3 alcohol and drug education.

39 children (81%) had adequate assessments that identified the strengths and weaknesses for both the child and/or family.

19 of the 24 children who needed psychological evaluations (79%) received them; 5 did not due to failure to recognize the need.

All but 2 children (96%) had received EPSDT screening.

All but 3 children (93%) who were not on runaway were in the least restrictive, most appropriate placements; 1 needed less restrictive placement; 1 needed more restrictive placement; 1 child needed a more appropriate placement at the same level of restrictiveness.

17 of the 22 children who were in foster homes (77%) were in foster homes that were very loving, nurturing, supportive, and focused on meeting the children's needs; 4 other children were in adequate foster homes, 1child was in a foster home that was not appropriate to meet the child's needs; 9 of these children were in foster homes that were interested/willing to adopt them (41%).

Efforts were made to place siblings together when appropriate in all but two cases.

For the children who were not in family placements or on runaway: 11 children (37%) were placed within their home county; 17 children (57%) were placed within the Mid-Cumberland CSA or Davidson County; 2 children (7%) were in RRMG placements out of the area.

16 children (33%) needed special education services or evaluation; 7 (44%) were receiving services; 7 (44%) were not; 2 need evaluation.

11 children (22%) had experienced only one placement or only one placement since assessment.

Extracts had accurate information in all but 12 cases (76%), inaccuracies included: 8 incorrect case manager; 1 incorrect gender; 3 incorrect race; 1 incorrect adjudication; 2 incorrect custody date. 9 additional cases had misleading information on race due to no field for multiracial identification.

Between the time cases were selected for review and the review was actually conducted, 13 cases (27%) experienced substantial increased activity, including: 1 new permanency plan; 3 updated social history; 2 had caseworkers who visited them for the first time; 2 released from custody; 2 foster family and children contacted; 1 began counseling; 1 sharing information between HCCM and RCM; 1 new caseworker assigned; 1 application for flexible funding; 1 court review scheduled; 1 voluntary surrender accepted.

Noteworthy Accomplishments

A foster family is providing exceptional advocacy for a medically fragile child with substantial disabilities, including attending a broad range of training on the child's medical issues, as well as securing assistance from various charitable agencies.

Emerging System Performance Issues

Assessments were inadequate for 9 children (18%); deficiencies included: 5 incomplete/inadequate social history; 2 no/incomplete EPSDT; 2 needed parent assessment; 1 needed psycho-educational assessment; 1 needed A and D assessment; 5 children who needed a psychological evaluation did not receive one.

14 children (29%) had inadequate Permanency Plans with deficiencies including: 8 failed to address child's current needs; 6 failed to address parent needs; 2 failed to identify specific tasks for both child and family; 3 had no parent goals; 2 did not address treatment needs; 1 had incorrect target dates.

38 caseworkers had caseloads of over 25 with the mean being 34, median 44. 1 additional supervisor and team leader had taken 3 vacant caseloads.

28 children (57%) had case managers with less than 12 months experience.

28 children and their families (57%) experienced no/inadequate case management leaving families/providers with total responsibility to navigate the system and adversely impacting continuity of care.

Coordination was inadequate for 16 children (33%): 2 no coordination; 3 no coordination between HCCM-RCM; 1 no communication between HCCM-RCM; 2 HCCM-placement-child; 2 HCCM-family-child; 2 HCCM-placement; 1 RCM-placement; 1 HCCM-RCM family-child; 1HCCM-RCM-placement not coordinating services; 1HCCM- placement; 1HCCM-parent; and 1 no coordination between placement staff.

12 of the 21 children (57%) who had both a HCCM and RCM would have been as well or better off with a single case manager.

31 families had reunification as a goal but 9 (29%) were not receiving needed services to facilitate or maintain reunification.

25 children (51%) had four or more placements: 6 had 4 placements; 2 had 21 placements; 5 had 11 placements; average 9; median 12.5.

15 children (31%) were not receiving counseling services or not receiving counseling services at the recommended level of intensity.

Truancy or other school problems was a major factor in custody for 13 children (27%), 3 each from Rutherford, Sumner, and Montgomery counties.

13 children (16%) have been in custody too long: 4 needed to go home; 2 needed TPR; 4 needed adoption; 3 other; 1 child was not in custody long enough, and sent home without adequate support services.

8 children had stays of more than 30 days in temporary placement, with the average being 92 days; 4 were after 10/1/99; 1 child had 3 extended stays.

10 children (20%) had been in custody multiple times: 9 twice, 1 three times.

1 child was adjudicated delinquent, but had no delinquent charges, only a series of unruly charges.

1 child was allegedly sexually abused by staff in a group placement.

4 children had experienced Home TIES services, but still came into custody; 7 children received family crisis intervention services, but still came into custody.

TennCare/TennCare Partners/EPSDT/MCO/BHO issues included the following:

- In 1 case DCS needed to facilitate transition of a child who went home into other TennCare coverage.
- 2 children had dental appointments that were cancelled because the provider was no longer taking TennCare. One located a new dentist.
- 3 children have not seen a dentist, one of them in 18 months due to inadequate provider networks.
- 1 foster parent tried unsuccessfully to change a child's PCP, spending 8 hours on the phone with no satisfactory response, and this same child was denied a refill on sinus medication by the MCO.
- 1 child has been receiving bills from providers that she is unable to pay and no one knows if the child is on TennCare
- 1 mother does not know if her child is covered by TennCare, but the case worker has the child's TennCare card.
- 1 child finally received correct name of PCP to schedule a physical after DCS and TennCare had provided wrong name of doctor.

Critical Issues

- 33 children (67%) have parents with substance abuse issues; 4 of these were dealing drugs; plus one dealing and not using. 16 were poly-substance users.
- 18 of the children ages 13 and older (54%) have/have had substance abuse issues.
- 31 children (63%) have parents who are currently or have been incarcerated; 16 of these children's parents are or were incarcerated for alcohol/drug offenses.
- 26 children (53%) had little or no relationship with their fathers; 19 children (39%) had little or no relationship with their mothers.
- 15 children (31%) were from homes/families living below the poverty level. 6 children (12%) had experienced environmental deprivation.
- 15 of the children ages 13 plus (45%) had a history of runaway behavior.
- 13 children (26%) had experienced suicidal ideation/gestures or attempts.
- 12 children (31%) have parents who have been diagnosed with mental illness.
- 12 children (24%) had experienced a sense of abandonment.
- 9 children (18%) had experienced domestic violence.
- 10 children (20%) were allegedly physically abused.
- 10 children (20%) were allegedly sexually abused, 1 alleged perpetrator was prosecuted; 3 of the children (30%) had experienced incest; 3 children had siblings who allegedly experienced incest.
- 8 children (16%) had experienced psychiatric hospitalization, 1 under age 13; 4 had multiple hospitalizations, 3 twice and 3 three times. 4 children were diagnosed with bipolar disorder.
- 7 children ages 13 and older (21%) were allegedly involved in gang activity.
- 7 children were exposed prenatally to drugs or alcohol.
- 6 children (12%) were from sibling groups of three or more.
- 4 children were either parents or were or had been pregnant.

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Preliminary System Observations
East Tennessee Region
August 4, 2000

Service System Strengths

All but 3 children (94%) were appropriate for custody at the time of custody.

All but 3 children (94%) had received an EPSDT screening; only 1 child was not receiving needed follow-up from the screening.

Services were provided in an attempt to prevent custody for 32 children (65%), including: probation (17); counseling (10); CPS (8); alternative school/day treatment (7); Crisis Intervention Team (7); Home TIES (4); non-custodial assessment (4); homemaker services (4); CHAD (3); non-custodial network (3); outpatient alcohol and drug services (2); psychiatric hospitalization (2); parenting classes (1); sex abuse counseling (1).

All but 1 child, who was not on runaway, (98%) were in the least restrictive most appropriate placement; that child needed a more restrictive placement. When appropriate, siblings were placed together in all cases.

15 children (31%) had experienced only one placement or only one placement following assessment.

10 of the 15 children in foster homes (67%) were in very nurturing and supportive placements that were making extensive efforts to meet the child's needs, and were providing substantial individualized activities; 4 foster homes were adequate; 1 foster home was no longer appropriate; 9 of the children in foster homes were in homes that were interested in adopting them (60%).

Positive results were reported for 13 of the 14 children who were in group placements, including all 4 children in YDCs; the other child was not making progress, and had severe behavioral issues.

The continuum contractors were providing exceptional services, including extensive work with families, and school if appropriate, to facilitate reunification or emancipation for all 9 children in continuum placements.

Of the 29 children who were in foster or group placements, 7 (31%) were placed in their home county, 18 (62%) were placed within the region or Knox County, 4 (14%) were placed in RRMG placements.

Schools were making efforts to provide special education services to 12 of the 13 children (92%) who needed them. In several cases, plans were to send children home or to step-down placements prior to school starting in August.

Extracts had accurate critical information in 44 cases (90%); inadequate issues included: wrong county (3); wrong adjudication (2); wrong date of birth (2); the absence of a field for multi-ethnic or Hispanic children resulted in inadequate information for 2 children.

Between the time cases were selected for review and the review was actually conducted, there was substantial increased activity in 9 cases: 2 new workers assigned; 2 TPR/Adoption begun; 2 EPSDT/EPSDT follow-up; 1 new permanency plan; 1 placement identified; 1 updated social history; 1 counseling provided; 1 TPR.

Noteworthy Accomplishments

- A foster family is adopting a large sibling group, and has previously adopted other foster children.
- One foster family is driving 60 miles each way 4 times a week to see that a child receives needed services.

Emerging System Performance Issues

Assessments were inadequate in 16 cases (33%); inadequacies included: no/outdated/wrong/incomplete social history (10); psychological evaluation needed but not requested (6); needed substance abuse assessment (3); inadequate family assessment (3); incomplete information available in file (2); psychological not scheduled or missed (2).
Permanency Plans were inadequate in 16 cases (33%); issues in inadequate plans included: did not address child's current needs (10); did not address family needs (8); did not have a current/appropriate goal (6); no plan (2).
Coordination was inadequate for 18 children (37%), with inadequate coordination between: 9 HCCM and family/child; 6 HCCM and RCM; 2 HCCM and placement; 1 YSO, DCS and family; 3 no coordination.

14 children (29%) had been in custody too long: 5 needed termination of parental rights; 3 needed adoption; 3 needed to be released; failure to provide timely needed services to facilitate permanency (3).

55 case managers interviewed reported having more than 25 cases, with the average and the median being 38 cases. 24 children (49%) have caseworkers that have been with DCS less than 12 months.

14 of the 23 children with both a HCCM and RCM (61%) would have been as well or better off with only one case manager.

19 children (39%) had experienced 4 or more placements, ranging from 4 to 14, with both the median and the average being 6.

Truancy or other school behavior problems were factors in custody for 19 children (39%).

4 children (8%) received Home TIES or other intensive family preservation services but still came into or returned to custody; 7 children (14%) received Crisis Intervention Services but still came into custody.

7 children experienced excessive stays (more than 30 days) in detention/diagnostic shelter/emergency shelter, all prior to 10/1/99, ranging from 31 to 81 days, with an average of 53 days; 3 had multiple placements: 1 had 7; 1 had 5; 1 had 2; 1 child had experienced excessive stays 2 times.

In 2 cases, the courts appeared to utilize a dependent/neglect adjudication rather than unruly primarily to avoid the crisis intervention team.

12 children (24%) had been in custody 2 times.

2 children were sexually abused in placement, 1 in a foster home and the other in emergency shelter.

TennCare/TennCare Partners/EPSDT/MCO/BHO issues included the following:

- A relative reported frequently receiving new cards/numbers from the same MCO resulting in cancelled appointments because the provider did not have the new number and also problems getting prescriptions filled.
- 1 child had a 6 months delay in getting approval for braces; received spacers, and following several placement changes will now have to repeat the approval process and begin all over.
- BHO refuses to pay the placement for therapeutic outpatient services for a child provided by an outside contractor who comes into the placement, so the placement is paying for the services.
- 1 child cannot find a primary care provider because of an inadequate provider network, so has had to go to the emergency room twice, and has had difficulty with continuity in prescription medications.
- 1 child was denied transportation services to outpatient therapy because the child was in state custody; after appeal transportation will now be provided.

Other Critical Issues

27 children (55%) had little or no relationship with their fathers; 16 children (33%) had little or no relationship with their mothers.
28 children (57%) have parents with substance abuse issues, 13 of them poly-substance users; 18 of the 34 children ages 13+ (53%) have/have had substance abuse issues, 9 were poly-substance users, and 8 involving substances more serious than alcohol or marijuana.
15 children (31%) came from homes with incomes below the poverty level; 9 children (18%) had experienced environmental/cultural deprivation.
21 children (43%) were from sibling groups of 3 or more children, larger than the typical family in Tennessee.
23 children (47%) had parents who are or have been incarcerated.
11 children (22%) had experienced domestic violence in the home. 3 children had a parent murdered.
12 children (24%) have parents who were never married to each other.
9 children (18%) were allegedly physically abused.
13 of the 34 children ages 13+ (38%) were reportedly sexually active. 2 children were parents (1 boy and 1 girl).
18 children (31%) were allegedly sexually abused, 10 involving incest; 7 had siblings who experienced incest; 1 child was the product of incest.
11of the 34 children ages 13+ (32%) and 2 children less that 13 had experienced psychiatric hospitalizations; 1 had experienced 2 hospitalizations.
8 children's parents were in custody as children (16%), 1 both parents, and 1 the third generation in custody.
6 of the 34 children ages 13+ (18%) had experienced suicidal ideations, with 3 attempting suicide; 4 children had experienced homicidal ideations.
6 of the 34 children ages 13+ (18%) were allegedly involved in gang activity.
6 children (12%) were currently diagnosed SED.
3 children were from adoptive homes that had disrupted.

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Northwest Region
Preliminary System Observations
August 31, 2000

Service System Strengths

All children were appropriate for custody at the time of custody.

Excluding runaways, all children had received EPSDT screening and recommended treatment or follow-up services.

Although comments from case managers suggested there are TennCare-related issues in this region, there were no TennCare/ TennCare Partners/EPSDT/MCO/BHO issues identified for the children in this sample.

Efforts were made to place siblings together in all cases when it was appropriate except 1.

All but 5 children (89%) were in the least restrictive, most appropriate placement; 2 needed a more restrictive placement; 2 children in YDCs needed more therapeutic services than they were receiving; 1 other child needed more therapeutic services/placement.

Coordination was adequate for 38 children (84%), with inadequacies between: 3 HCCM-RCM; 2 HCCM-family; 1 HCCM-placement; 1 no coordination.

Assessments were adequate for 36 children (80%); inadequacies included 5 inadequate social histories; other needed evaluations: 3 substance abuse evaluation; 2 psychological evaluation; 1 psychosexual evaluations; 1 had no assessment.

40 children (89%) had veteran case managers providing continuity and a good working knowledge of the child, family and service needs; only 5 children (11%) had a case manager who has been with DCS for 12 months or less.

Caseloads were generally manageable with only 12 HCCMs (27%) having more than 25 cases, and only 1 above 35; the median and the average were both 33.

33 children (73%) received substantial services in an attempt to prevent custody, including: 24 county/state/intensive probation; 16 counseling; 9 friend/relative custody/placement; 7 non-custodial assessment; 7 house arrest; 6 day treatment/alternative school; 6 alcohol and drug services; 6 psychiatric hospitalization; 5 Home TIES; 4 extensive child protective services; 3 community service; 3 restitution; 2 in-home services; 2 crisis intervention; 1 homemaker; 1 case management.

All foster homes were adequate; 2 children were in exceptional, loving committed foster homes interested in adopting the children.

Extracts had accurate critical information in all except 4 cases (91%); inaccurate information included: 1 each wrong custody date, adjudication, ethnicity, and county of venue.

Between the time cases were selected for review and the review was actually conducted, 13 cases (29%) experienced substantial increased activity, including: 4 returned home; 2 updated social histories; 2 discharge staffings; and 1 each: adoptive placement; hard services to mother; extended visit; TPR scheduled; released from custody.

Noteworthy Accomplishments

Staff at a continuum placement has provided exceptional services and a loving atmosphere for a child with serious multiple needs.

A therapist in a continuum placement has built exceptional rapport with a child who has previously been unable to develop a positive therapeutic relationship.

Emerging System Performance Issues

Permanency Plans were inadequate for 15 children (33%); inadequacies included: 11 did not address current needs of child; 6 did not address current needs of family; 2 had inappropriate timelines; and 1 each: no DCS responsibilities; no goals; vague/generic plan; 1 had incorrect gender references to child; and 1 had no plan.

There seemed to be better understanding of the varying roles of HCCM and RCM in this region, but 9 of the 21 children with both a HCCM and RCM (43%) would have been as well or better off with only 1 case manager.

16 children (36%) had experienced 4 or more placements, with the average and the median being 5; only 10 children (22%) had experienced only 1 placement or 1 placement since assessment.

8 children (18%) were placed in detention/diagnostic shelter/emergency shelter for more than 30 days, with an average of 65 days, and 5 of them since 10/1/99.

For the children not on runaway or in family placements: 4 were placed in home county (13%); 7 within the Northwest Region (23%); 8 in RRMG placements in Southwest or Memphis (27%); 4 at Wilder (13%); 2 at other YDCs; 2 in RRMG placements out of West Tennessee; 2 in continuum placements out of West Tennessee.

5 children had been in custody too long; 3 needed adoption; 1 needed TPR; 1 had missed the window of opportunity.

5 children received Home TIES but still came into custody; 1 had Home TIES for reunification and returned; and 2 additional children received reunification Home TIES at the end of a previous custody.

6 children had been in custody multiple times: 3 twice, and 3 for the third time.

6 children were moved from foster homes that were subsequently closed by DCS because of questions about the foster homes.

3 children allegedly experienced excessive restraint while in custody.

3 of the 9 juvenile courts do not track dependent/neglected children.

Critical Issues

28 children (62%) have little or no relationship with their fathers.
28 children (62%) have parents with substance abuse issues.
25 children ages 13+ (62%) have substance abuse issues.
21 children (47%) have parents who have been incarcerated.
18 children (40%) had experienced psychiatric hospitalizations; 5 had multiple hospitalizations, 2 had 2, 1 had 3, 1 had 4, and 1 had 7 in 4 different facilities.
17 children (38%) experienced suicidal ideations (all except one 13+); 2 children had homicidal ideations.
16 children (36%) have little or no relationship with their mothers.
15 children (33%) had serious mental health diagnoses, including: 8 personality disorders; 2 bipolar; 1 explosive; 1 psychotic; 3 with multiple diagnoses.
15 children (33%) had committed offenses against persons.
14 children (31%) were from homes living below the poverty level.
13 children (29%) had experienced domestic violence.
11 children (24%) allegedly had been physically abused.
9 children (20%) allegedly had been sexually abused; 3 children allegedly were the victims of incest, and 2 other children had siblings who allegedly were the victims of incest.
7 children (16%) were allegedly involved in gang activity.
4 children who came into custody are adopted children; 1 other child experienced a disruption shortly before an adoption was finalized.
3 children were sexual offenders.
15 children (33%) were from sibling groups of 3 or more children, larger than the typical family in Tennessee.

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Northeast Tennessee Region
Preliminary System Observations
September 26, 2000

Service System Strengths

All children were appropriate for custody at the time of custody except 1 child (98%).

All but 3 children who were not on runaway (93%) were in the least restrictive, most appropriate placement; 2 needed less restrictive placements; 1 needed a more appropriate placement to receive services.

All but 2 children had received EPSDT screening and follow-up, if needed.

Efforts were made to place siblings together when appropriate in all except 1 case.

All 18 children who needed special education services were receiving them.

All 9 of the children who were in continuum placements were receiving needed services.

35 children (73%) received service interventions in an effort to prevent custody, including: 9 probation; 13 counseling; 8 relative placement; 8 residential substance abuse treatment; 7 crisis intervention; 6 intensive home-based services; 5 homemaker services; 4 A&D counseling; 3 Home TIES; 3 day care; 7 non-custodial assessment; 3 restitution; and a variety of others. All children adjudicated delinquent received services in an attempt to prevent custody.

Coordination for continuity of services was adequate for 37 children (77%).

18 children (38%) had experienced only one placement, or only one placement following assessment.

12 of the 23 children in foster homes (52%) were in foster homes that were really committed to them: extremely nurturing and supportive; making substantial efforts to meet their needs; sometimes taking sibling groups; the other 11 foster homes were adequate; 15 children were in foster homes that were interested in adopting them, 12 of them interested in sibling groups.

For the 35 children who were not on runaway or in family placement: 10 (29%) were placed within the home county; 17 (49%) were placed within the CSA region; 7 (20%) were in RRMG placements; 1 child is out-of-state awaiting return.

Extracts had adequate critical information in all but 9 cases (81%); inaccurate or missing information included: 3 incorrect race; 2 incorrect adjudication; and 1 each incorrect sex, custody date, county of venue, or worker.

Between the time cases were selected for review and the review was actually conducted, 8 cases (17%) experienced substantial increased activity, including: 3 new/revised permanency plans; and 1 each: staffing/discharge planning; visit with family; counseling begun; sent home; EPSDT; social history; TPR; RCM visited child; case manager received/reviewed case information.

Noteworthy Accomplishments

A CASA with a complex and notorious case made exceptional efforts on behalf of a sibling group.

3 children had a HCCM who provided exceptional quality services, outstanding case management, extensive, detailed social histories, and exceptional, thorough, detailed paperwork.

Very knowledgeable foster parents provided exceptional services for a child, especially in developing independent living skills, encouraging educational progress, and implementing a system for achieving long-range goals.

Devoted foster parents provided exceptional services for a child with serious multiple problems, including ensuring that appropriate therapeutic services are received and contributing to major progress by the child.

Emerging System Performance Issues

16 case managers had been with DCS twelve months or less; 5 children were assigned to a caseload without a worker. 33 HCCMs (69%) reported caseloads of more than 25, with the average being 37 cases, and the median being 38; 3 had large adoption assistance caseloads in addition to HCCM responsibilities. 21 of the 24 children who had both HCCM and RCM (88%) would have been as well or better off with only one case manager.

19 children (40%) had inadequate Permanency Plans, with inadequacies including: 1 had no plan; 11 did not address the child's current needs; 8 did not address family needs; 2 had no or inappropriate timelines; 2 had inappropriate goals.

13 children (27%) had inadequate assessments; inadequacies included: 1 no assessment; 4 incomplete/out-of-date social history; 3 no social history; 3 needed psychological evaluation; and 1 each needed family assessment, psycho-sexual evaluation, psycho-educational evaluation, vocational/ independent living assessment.

Case managers for 16 children (33%) made insufficient efforts to engage families, give families another chance, or exhibit any sense of respect for or commitment to working with families.

9 children (19%) had been in custody too long: 4 (8%) needed to be adopted; 3 (6%) needed TPR; 1 (2%) needed to go home; 1 (2%) other.

11 of the children ages 13+ (37%) and 2 children under age 13 spent too much time (more than 30 days) in emergency placements awaiting placement; 6 of these were after 10/1/99, with the average being 66 days and the median being 45.

17 children (35%) had experienced 4 or more placements, ranging from 4 to 20 with the average being 7 and the median being 6.

There was a gross lack of prosecution of perpetrators.

3 children received Home TIES services, 3 children received crisis intervention services, and 2 children received non-custodial network services, but still came into custody.

6 children (13%) were in custody for the second time, and 5 children (10%) for the third time; 7 of the delinquent children (44%) were in custody for the second or third time; 4 of the 16 children adjudicated delinquent (25%) had a sibling who was or had been in custody also for behavioral issues.

1 child was reportedly sexually abused and 1 reportedly physically abused in previous foster homes, which were both closed.

TennCare/TennCare Partners/EPSDT/MCO/BHO issues included the following:

- The health unit psychologist had to do clinical interviews for psychological evaluation eligibility as the mental health centers will not do them because of low reimbursement rates and perceived probability of denial.
- 2 children have experienced delays in receiving dental services because of an inadequate provider network; the only provider in one area subjects TennCare patients to "cattle call" services.
- The MCO refused to provide a prescribed formula as medically unnecessary for a child with severe food allergies, upheld on appeal, so DCS had to pay a special board rate so the child could receive needed nourishment.
- 1 child came into custody with braces but could not get orthodontic services, so braces were removed and teeth not appropriately cleaned.
- MCO refused to pay for prescribed asthma medication for 1 child; an appeal is pending.
- 1 child has been unable to acquire a replacement card for one that was stolen over a year ago.
- 1 child's pediatric behavioral specialist has been denied reimbursement for specialist services.

Critical Issues

31 children (65%) had little or no relationship with their fathers; 14 children (29%) had little or no relationship with their mothers.
28 children (58%) have parents with substance abuse issues; 17 children ages 13+ (57%) have substance abuse issues; 15 poly-substance abusers.
28 children (58%) have parents who are or have been incarcerated. 17 children (35%) have parents who were not married to each other.
27 children (56%) have experienced domestic violence in the home. 3 children had witnessed violent deaths.
25 children (52%) were from homes below the poverty level; 12 children (25%) were environmentally/culturally deprived.
23 children ages 13+ (77%) were reportedly sexually active; 2 children had experienced or witnessed bestiality.
11 children (23%) were allegedly sexually abused; 9 (19%) had experienced incest; 4 others (8%) had siblings who experienced incest.
11 children (23%) had a parent diagnosed as mentally ill; 3 children (6%) had parents who were mentally retarded.
10 children (21%) had been diagnosed with a learning disability.
10 children (21%) have parents who were in custody as children; 1 child was the fourth generation in custody.
9 children (19%) were allegedly physically abused.
9 children ages 13+ (30%) had suicidal ideation; 4 had attempted suicide; 4 (8%) had parents who attempted and 2 had a parent commit suicide.
7 of the children ages 13+ (23%) had a history of psychiatric hospitalization, 4 multiple hospitalizations: 2 had 2; 2 had 3.
3 children were the product of rape; 2 children under age 12 had sexually transmitted diseases when they came into custody.
6 children ages 13+ (20%) reportedly had been involved in gangs.
5 children are pregnant/parents; 2 children reviewed were born to mothers in custody.
28 children (58%) were from sibling groups of three or more; 3 children were twins.

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Northeast Tennessee Region
Preliminary System Observations
September 26, 2000

Service System Strengths

All children were appropriate for custody at the time of custody except 1 child (98%).

All but 3 children who were not on runaway (93%) were in the least restrictive, most appropriate placement; 2 needed less restrictive placements; 1 needed a more appropriate placement to receive services.

All but 2 children had received EPSDT screening and follow-up, if needed.

Efforts were made to place siblings together when appropriate in all except 1 case.

All 18 children who needed special education services were receiving them.

All 9 of the children who were in continuum placements were receiving needed services.

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Very knowledgeable foster parents provided exceptional services for a child, especially in developing independent living skills, encouraging educational progress, and implementing a system for achieving long-range goals.

Devoted foster parents provided exceptional services for a child with serious multiple problems, including ensuring that appropriate therapeutic services are received and contributing to major progress by the child.

Emerging System Performance Issues

16 case managers had been with DCS twelve months or less; 5 children were assigned to a caseload without a worker. 33 HCCMs (69%) reported caseloads of more than 25, with the average being 37 cases, and the median being 38; 3 had large

adoption assistance caseloads in addition to HCCM responsibilities. 21 of the 24 children who had both HCCM and RCM (88%) would have been as well or better off with only one case manager.

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1 child was reportedly sexually abused and 1 reportedly physically abused in previous foster homes, which were both closed.

TennCare/TennCare Partners/EPSDT/MCO/BHO issues included the following:

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- The MCO refused to provide a prescribed formula as medically unnecessary for a child with severe food allergies, upheld on appeal, so DCS had to pay a special board rate so the child could receive needed nourishment.
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Critical Issues

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28 children (58%) have parents with substance abuse issues; 17 children ages 13+ (57%) have substance abuse issues; 15 poly-substance abusers.
28 children (58%) have parents who are or have been incarcerated. 17 children (35%) have parents who were not married to each other.
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25 children (52%) were from homes below the poverty level; 12 children (25%) were environmentally/culturally deprived.
23 children ages 13+ (77%) were reportedly sexually active; 2 children had experienced or witnessed bestiality.
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10 children (21%) had been diagnosed with a learning disability.
10 children (21%) have parents who were in custody as children; 1 child was the fourth generation in custody.
9 children (19%) were allegedly physically abused.
9 children ages 13+ (30%) had suicidal ideation; 4 had attempted suicide; 4 (8%) had parents who attempted and 2 had a parent commit suicide.
7 of the children ages 13+ (23%) had a history of psychiatric hospitalization, 4 multiple hospitalizations: 2 had 2; 2 had 3.
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South Central Region
Preliminary System Observations
October 27, 2000

Service System Strengths

Efforts were made to place siblings together in all appropriate cases except 1.

10 of the 18 children in foster homes (56%) were in foster homes that were really committed to them: extremely nurturing and supportive; making substantial efforts to meet their needs; sometimes taking sibling groups; 7 were in adequate foster homes; 1 was in an adequate foster home that was over-crowded.

8 children were in foster homes that were interested in adopting them.

All but 3 children had received EPSDT screening and follow-up, if needed.

All but 5 children (90%) who were not on runaway were in the least restrictive, most appropriate placement; all 5 needed a more restrictive placement.

10 children (21%) had experienced only one placement or only one placement since assessment.

13 of the 16 children who needed special education services were receiving them (81%).

For the children who were not in family placements or on runaway, 10 were in the home county, 10 in the region, 8 in RRMG placements, 1 out of region.

Case managers were positive about training improvements with the new 8-week training program.

Extracts had accurate critical information for all except 4 children (8%), with inaccuracies including: 2 wrong custody date; 1 wrong race; 1 wrong adjudication; 1 wrong county of venue.

Between the time cases were selected for review and the review was actually conducted, 16 cases (33%) experienced substantial increased activity, including: 4 children went home; 3 new permanency plans; 2 released from custody; and 1 each: updated progress report; scheduled release hearing; placement change; parent scheduled for visit; social history updated; case manger visited child; case manager visited parent; case manager took children to visit father.

Noteworthy Accomplishments

2 sets of foster parents are interested in adopting sibling groups of children that have serious behavioral problems related to sexual abuse experiences and abandonment issues.

Emerging System Performance Issues

33 children (69%) had HCCMs with more than 25 cases, with the median being 34 and the average 36; 16 RCMs had more than 25 cases, with the average and median being 40.

26 children (54%) had a case manager who had been with DCS for 12 months or less.

Child protective services investigations were inadequate for 10 children (21%), for 6 of the children investigations were inadequate multiple times.

Clustering staff in a small number of offices in the region, especially in Tullahoma, results in: inaccessibility of case managers to families; long distance calls that almost always go to voice mail for families who often have limited resources; excessive travel time and costs to visit children/families; poor morale among staff; and has had an adverse impact in 13 cases (27%).

8 children were not appropriate for custody at the time of custody (17%).

16 children (33%) had inadequate assessments, including 10 inadequate social histories; the following evaluations were needed: 6 children psychological evaluations; 4 psycho-sexual; 3 psycho-educational; 2 parent psychological evaluations; 2 risk assessments; 1 vocational; 1 disability; 1 alcohol and drug; 1 EPSDT; 1 psychiatric evaluation report was missing.

16 children (33%) had inadequate permanency plans, with inadequacies including: 11 did not address child's current needs; 7 did not address family needs; 4 had inappropriate objectives; 2 had no timelines; 2 did not identify specific services; 1 no clear path to reach permanency; 1 inappropriate goals.

20 children (42%) had inadequate coordination, with coordination inadequate between: HCCM/RCM 10; HCCM/juvenile court 4; HCCM/family/child 3; HCCM/placement 2; HCCM/other service provider 2; no coordination 2; no coordination with school 1.

18 of the 22 children who had both an HCCM and an RCM (82%) would have been as well or better off with only 1 case manager.

Inadequate placement resources resulted in delays in placement, placements with family by default, or inappropriate placements, including inadequate step-down placements, for 18 children (38%).

18 children experienced 4 or more placements, with the average and the median being 5.

8 children (17%) spent excessive time (more than 30 days) in temporary placements, 5 of them after 10/1/99; with the average being 47 days and the median 42 days.

3 children were allegedly sexually abused in placements and 3 children were allegedly physically abused in placements.

Truancy, school behavior problems, and special education issues were factors that led to custody for 16 children (33%).

5 children (10%) received Home TIES but still came in or returned to custody; 5 children (10%) received crisis intervention services but still came into custody.

11 children have been in custody multiple times, 8 for the second time and 3 for the third time.

TennCare/TennCare Partners/ EPSDT/MCO/BHO issues included the following:

- 1 child is experiencing a delay in medical services, including EPSDT and vision care, while waiting for a change in MCO due to an inadequate provider network for the current MCO.
- 5 children experience delays in dental services and have to drive more than 30 miles due to an inadequate provider network.
- 1 child has not been assigned a PCP since moving to a new foster home and no one has a TennCare card.

Critical Issues

33 children (69%) have parents who have been incarcerated.
30 children (63%) have parents with substance abuse issues; 16 children's parents (33%) were poly-substance abusers.
19 children ages 13+ (58%) had substance abuse issues.
27 children (56%) were from sibling groups of 3 or more.
26 children (54%) had little or no relationship with their fathers; 11 children (23%) had little or no relationship with their mothers.
19 children (40%) were reportedly sexually active.
17 children (35%) have experienced domestic violence.
17 children (35%) are from homes below the poverty level; 9 children (19%) are environmentally/culturally deprived.
13 children (27%) allegedly have been sexually abused; 8 children (17%) allegedly have experienced incest; 3 other children have siblings who allegedly have experienced incest.
12 children (25%) allegedly have been physically abused.
7 children (15%) allegedly are sexual offenders, 3 of them under age 13.
5 children (10%) have been diagnosed mentally retarded.
7 children (15%) had experienced psychiatric hospitalizations, 2 of them are under age 13.
4 children (8%) were pregnant or parents.
3 children (6%) allegedly were involved in gangs.

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Knox County
Preliminary System Observations
November 29, 2000

Service System Strengths

All children were appropriate for custody at the time of custody.

All but 1 child had received EPSDT screening and follow-up, if needed.

19 of 20 children who needed special education services were receiving them.

Efforts were made to place siblings together in all appropriate cases except 1.

Excluding runaway, all children were in the least restrictive, most appropriate placement except 3: 1 needed a more restrictive placement; 2 needed a more appropriate placement to receive needed services.

7 children (15%) had experienced only 1 placement or 1 placement following assessment.

Of the 41 children who were not in family placements or on runaway, 21 children (51%) were placed in Knox County; 10 children (24%) were in the East Tennessee Region; 8 were outside the grand region; 1 in RRMG placement; and 1 in specialized school.

33 of 47 children (70%) had services, often multiple services, provided in an effort to prevent custody, including: 13 child protective services; 10 relative placement; 10 individual/group counseling; 9 probation; 5 Home Ties; 4 non-custodial network; 3 residential treatment; 3 psychiatric hospitalization; 2 Family Crisis Intervention Program; 2 Homemaker; 2 transportation; 2 alcohol/drug counseling/treatment; 2 PASAC; 2 GAL; and 2 WIC.

9 of the 20 children in foster homes (45%) were in foster homes that were providing exceptional, individualized services, were really committed to the children, and were going above and beyond to meet their needs; the other 11 children were in adequate foster homes.

11 of the children in foster homes (55%) were in foster homes that were interested in adopting them.

35 children (74%) had a guardian ad litem appointed, and in 15 of the cases the GALs had stayed involved providing ongoing advocacy as needed.

The parents of 17 children (36%) had a court appointed or privately retained attorney at the time of custody or at time of termination of parental rights; 8 of the 12 children adjudicated delinquent or unruly (67%) had a court appointed attorney.

Assessments were adequate for 37 children (79%); inadequacies included: 2 no social histories; 1 incomplete social history; other needed evaluations: 6 psychological evaluations; 2 parent A&D assessments; 2 parent psychological evaluations; 1 educational assessment; 1 parenting assessment.

Permanency plans were adequate for 37 children (79%); inadequacies included: 8 did not address the current needs of the child; 3 did not address current needs of the family; 3 did not address permanency; 1 had no clear strategies to achieve the goal; 1 had no timelines.

Coordination was adequate for 41 (87%); with inadequacies between: 1 HCCM and placement; 1 HCCM and RCM; 2 HCCM, RCM and school; 1 HCCM, parent, and therapist; 1 HCCM and parent.

Extracts had accurate, critical information in all but 8 cases (83%); inaccurate or missing information included: 5 wrong race; 2 incorrect custody date; and 1 misleading information due to no field for biracial identification.

Between the time cases were selected for review and the review was actually conducted, 6 cases (13%) experienced substantial increased activity, including: 2 petitions for TPR; 2 children moved to new placement; 1 contact with parent; 1 caseworker

visited placement; 1 permanency plan.

Noteworthy Accomplishments

In 2 cases foster parents were providing superior support services, actively advocating, and had sought a variety of services to address children's multiple disabilities.

In 2 cases foster parents were providing excellent care for medically fragile children and were willing to adopt.

Emerging System Performance Issues

20 children had both a HCCM and an RCM and 8 (40%) would have been as well off or better with one.

44 of 66 (67%) workers had caseloads of over 25; mean was 34 and median was 36.

13 children (28%) had caseworkers with less than 12 months experience.

26 children (55%) had experienced 4 or more placements; the average was 11 and the median was 37.

13 children (26%) had excessive stays (30 days or more) in detention/emergency/diagnostic shelter; 6 after October 1, 1999; 7 prior to October 1, 1999; the average was 94 days, and the median was 136 days.

6 children (13%) have been in custody too long: 2 needed termination of parental rights; 2 needed to be adopted; 1 needed to be released; 1 needed to live independently.

5 children received Home TIES and 2 received family crisis intervention services but still came into or returned to custody.

3 children were in custody for the second time, 1 for the third time.

TennCare/TennCare Partners/MCO/BHO/EPSDT issues included the following:

- 3 children experienced poor quality dental services due to an inadequate provider network: one child had to wait over an hour and a half; one dentist pulled a tooth without informing child; one child received a 4 minute dental exam and cleaning and the dentist commented negatively about TennCare payment.
- 1 child experienced a delay in EPSDT well-child screening due to lack of primary care physicians in the network.
- 1 child was ill with a high fever and the only pediatrician accepting patients told foster parent to take child to emergency room and refused to schedule a timely appointment stating it was because they were TennCare recipients.

Critical Issues

31 children (66%) had little or no relationship with their fathers; 13 children (28%) had little or no relationship with their mothers.
29 children (62%) have parents with substance abuse issues.
29 children (62%) have parents who are or have been incarcerated.
23 children (49%) came from homes below the poverty level; 13 children (28%) were environmentally/culturally deprived.
22 children (47%) had experienced domestic violence.
19 children (40%) were allegedly sexually abused, 6 children (13%) experienced incest.
16 children (34%) were physically abused.
12 children ages 13+ (40%) and 2 children under 13 had experienced psychiatric hospitalization.
11 of the 30 children ages 13+ (37%) have substance abuse issues.
16 children (34%) have parents who were never married to each other.
11 children (23%) have a parent who was in custody as a child.
10 children (21%) were removed from relatives at the time of custody.
10 children (21%) were from sibling groups of 3 or more.
9 children ages 13+ (30%) and 1 child under 13 had experienced suicidal ideations; 3 had attempted suicide.
8 children ages 13+ (27%) and 4 children under 13 had serious mental health issues.
7 children (15%) had a parent diagnosed mentally ill.
6 children (13%) were removed from squalid conditions.
5 children ages 13+ (17%) and 1 child under 13 were sexual perpetrators.

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Metro Nashville/Davidson County Region
Preliminary System Observations
December 2000 Review, January 10, 2001 Exit Conference

Service System Strengths

Court staff was very knowledgeable and court records were very thorough in all cases.

All children (100%) had a guardian ad litem or an attorney; all of the dependent/neglected children's parents had an attorney unless the parent was the petitioner to be relieved of custody.

All children had received EPSDT screening and follow-up services if needed; TennCare issues were minimal for the children reviewed.

All but 1 child was appropriate for custody at the time of custody (98%).

All but 6 children (88%) were in the least restrictive, most appropriate placements; 4 needed more restrictive placements and 2 needed less restrictive placements.

Efforts were made to place siblings together in all appropriate cases except 1 (98%).

42 children (86%) received substantial services/interventions in an effort to avoid custody, including: 26 probation; 22 counseling; 19 community/public service; 11 Home TIES; 8 non-custodial assessment; 8 conflict resolution; 6 CPS services; 5 exploration of family resources; 5 residential placement; 4 A&D assessment and 4 A&D treatment; 4 family-crisis intervention services; 3 anger management; and a variety of other services including psychological/psychiatric, write-offs, alternative school, diversion, etc.

12 children (24%) had experienced only one placement or only one placement following assessment.

All foster homes were adequate, and 2 of the 10 children (20%) were in foster homes that were very loving, nurturing foster homes making substantial efforts to meet their needs; 3 of the children in foster homes (30%) were in foster homes that were interested in adopting them.

For the 33 children who were not in family placements, 19 children were in Davidson County (58%), 5 YDCs out of region, 4 in surrounding counties, 2 in continuum placements out of grand region, and 2 were out of grand region.

Extracts had accurate critical information in all but 5 cases (90%); inaccurate information included: 3 wrong race; 1 wrong sex; 1 wrong adjudication.

Between the time cases were selected for review and the review was actually conducted, 3 cases experienced substantial increased activity: 1 had a call to the placement for an update on the child's status; 1 had a paragraph addendum to a social history; 1 had a worker schedule a visit with a child.

Noteworthy Accomplishments

The court representative who did all interviews was exceptionally knowledgeable about all cases, able to provide full responses and appropriate elaborations for all questions, and willing to work with CPORT to resolve scheduling difficulties.

Emerging System Performance Issues

Assessments were inadequate for 16 children (33%) because: 7 needed psychological evaluations that were not requested; 4 needed updated, complete social histories; 4 needed a psycho-educational assessment; 2 needed an alcohol and drug assessment; 1 needed a parenting assessment; 1 parent needed a psychological and alcohol and drug assessment; 1 needed a family assessment; 2 needed a thorough assessment; and 1 psychological evaluation was unavailable.

Permanency Plans were inadequate for 19 children (39%) because: 14 did not address the child's current needs; 8 did not address the families' current needs; 1 had no target dates; 1 did not address issues that led to custody; 1 had inadequate goals; 1 had no signatures.

Coordination was inadequate for 17 children (35%), with inadequacies between the following: 11 HCCM and placement/service provider; 8 HCCM and family; 7 HCCM and RCM; 6 HCCM and child; 2 HCCM and court.

19 children had both a HCCM and a RCM, and 13 (68%) would have been as well or better off with only one case manager.

9 children ages 13+ (24%) and 1 child under age 13 experienced lengthy stays (30 days or more) in detention/emergency shelter/diagnostic shelter awaiting a placement, 1 of them experiencing multiple placements; longest was 113 days, average 66 days, median 56 days.

23 children (47%) have experienced 4 or more placements, with the most being 17, the average and the median both 8; 13 of the 24 children adjudicated delinquent (54%) had 4 or more placements.

Issues with DCS case records included the following: records for 5 children did not have clear placement histories; 6 children's case records included documents that should have been in another child's file; 8 children had documents missing from their case files (IPP, assessment information, psychological evaluations, etc.).

6 children (12%) had case managers who had been employed by DCS for less than 12 months.

There was significant disparity in caseloads reportedly varying from 6 to 84, with the higher caseloads contributing to difficulties in coordinating services, monitoring cases, and providing services to children and families. 43 HCCMs had caseloads with more than 25 cases, with the average being 46 and the median being 43.

Families were not receiving needed services in 14 cases (29%), including 10 of the 24 children adjudicated delinquent (42%).

11 children (22%) had been in custody multiple times, 10 - 2 times, 1 - 3 times; 6 of the 24 children adjudicated delinquent (25%) had been in custody 2 or more times.

Issues related to services for delinquent children included: lack of adequate step-down placements, failure to work with parents of delinquent children, readmissions to YDCs following minor probation violations, excessive stays in YDCs with little or no progress in the YDC, placement of 4 of the 11 children in YDCs outside the area. These factors contributed to the multiple custodies for some of the delinquent children.

6 children (12%) had experienced Home TIES, and 4 had family crisis intervention services, but still came into or returned to custody.

Failure of the school system to address special education and/or other service needs of children contributed to custody for 6 children (12%).

1 child experienced excessive restraint during pre-custodial contract residential assessment, resulting in a broken arm and facial bruising.

TennCare/TennCare Partners/EPSDT Issues included:

- 1 child has to wait 3 to 4 hours to see a PCP because of the limited provider network.
- 1 child who was transitioned from a YDC to a non-secure placement did not have TennCare eligibility resumed because of the failure of the caseworker to do the paperwork for resumption of eligibility.
- DCS/TennCare let eligibility lapse for 1 child who was still in custody but in a family placement and the child had no coverage when services were needed due to an accident.

Assignment of children being served by the Center for Adoption to a code other than their home county (apparently all Trousdale County) means that children served by the Center are not in the sample for review and contributes to inaccurate data reporting regarding children in custody by region.

Each day that reviewers were in the DCS office for CPORT interviews, there were children sitting in the office with no structured educational or other activities, being fed lunch in the office, some reportedly staying in temporary placements at night and sitting in the office during the day, with the observed number of children ranging from 3 to approximately 10.

Critical Issues

- 32 children (65%) had little or no relationship with their fathers; 13 children (27%) had little or no relationship with their mothers.
- 31 children (63%) have parents with substance abuse issues; 8 children (16%) have both parents with substance abuse issues; for 15 of the children (31%) parents used crack/cocaine. 26 children ages 13+ (70%) have substance abuse issues, with the drug of choice most frequently marijuana. 14 children ages 13+ (38%) were involved in dealing drugs.
- 28 children (57%) have parents who are or have been incarcerated, 3 for offenses against the child or a sibling.
- 26 children (53%) have parents who have never been married to each other.
- 24 children ages 13+ (65%) are reportedly sexually active. 12 children ages 13+ (32%) were/have been pregnant or parents.
- 18 children (37%) were from homes below the poverty level. 22 children (45%) are from families that live in high crime areas.
- 16 children (33%) had experienced domestic violence.
- 14 children (29%) had serious mental health diagnoses. 9 children ages 13+ (24%) and 3 children under age 13 had experienced psychiatric hospitalization; 8 children ages 13+ (23%) have experienced residential alcohol and drug services.
- 8 children (16%) have parents who have been diagnosed with mental illness.
- 7 children (14%) had experienced suicidal ideations, 3 under age 13, and 4 of the 7 had attempted suicide, 1 under age 13.
- 10 children (20%) were allegedly sexually abused; 5 involved incest; 1 child was the product of incest; 4 children were allegedly sexual perpetrators. 8 children (16%) were allegedly physically abused.
- 9 children ages 13+ (24%) were allegedly involved in gangs.
- 6 children ages 13+ (16%) have had firearms charges.
- 5 children (10%) have deceased parents; 3 children had a parent die while the child was in custody.
- 24 children (49%) were from sibling groups of 3 or more children, larger than the typical family in Tennessee and presenting increased placement and reunification challenges; 3 children reviewed were twins.

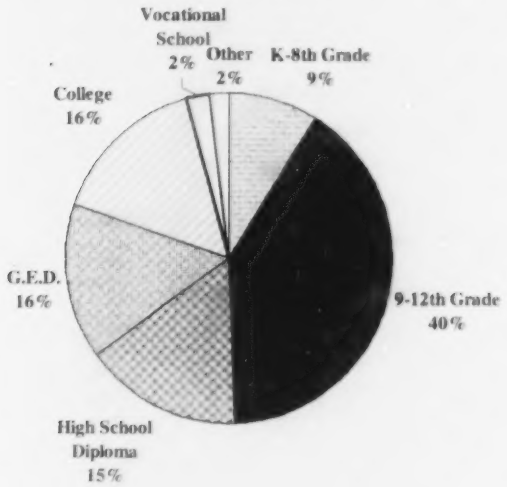
APPENDIX C

2000 Evaluation Results

Demographic Information – Education of Parents
Demographic Information – Household Income
Demographic Information – Child's Living Situation Prior to Court Order
Demographic Information – Who Filed the Petition?
Demographic Information – Was Parent in State Custody as a Child?
Demographic Information – If Provided Needed Services, Was State Custody Necessary?
Status of the Child/Family on Key Indicators – All Cases
Status of the Child/Family on Key Indicators – Comparison by Age
Status of the Child/Family on Key Indicators – Comparison by Race
Status of the Child/Family on Key Indicators – Comparison by Gender
Status of the Child/Family on Key Indicators – Comparison by Residence
Status of the Child/Family on Key Indicators – Comparison by Adjudication
Status of the Child/Family on Key Indicators – Negative Cases
Status of the Child/Family on Key Indicators – Comparison of Current Year vs. Previous Years
Status of the Child/Family on Key Indicators – All Cases
Adequacy of the Service System Functions – Comparison by Age
Adequacy of the Service System Functions – Comparison by Race
Adequacy of the Service System Functions – Comparison by Gender
Adequacy of the Service System Functions – Comparison by Residence
Adequacy of the Service System Functions – Comparison by Adjudication
Adequacy of the Service System Functions – Negative Cases
Adequacy of the Service System Functions – Analysis of Negative Cases – Status of the Child/Family
Adequacy of the Service System Functions – Comparison of Current Year vs. Previous Years
Status and System Performance – Comparison of Current Year Results vs. Previous Years

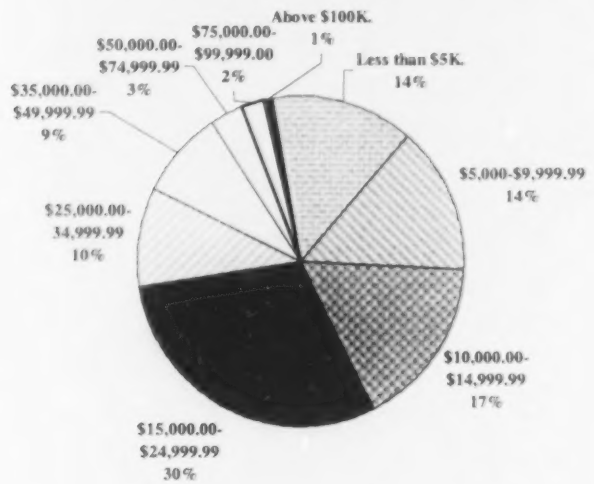
Parental Educational Attainment

Cases for 2000

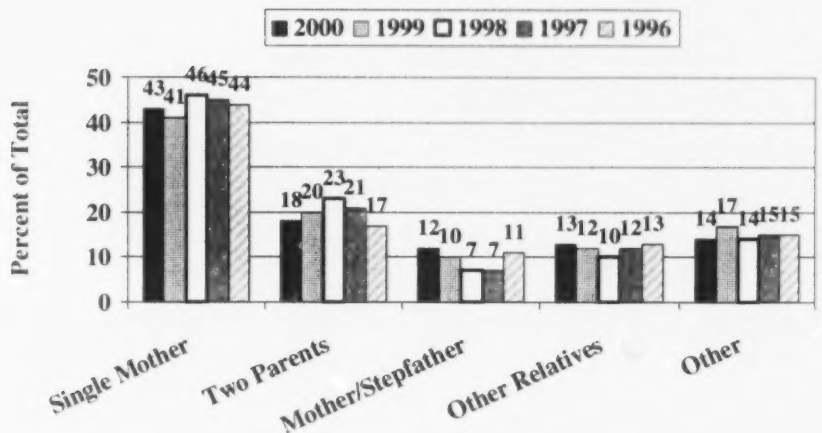


Annual Household Income of Parents

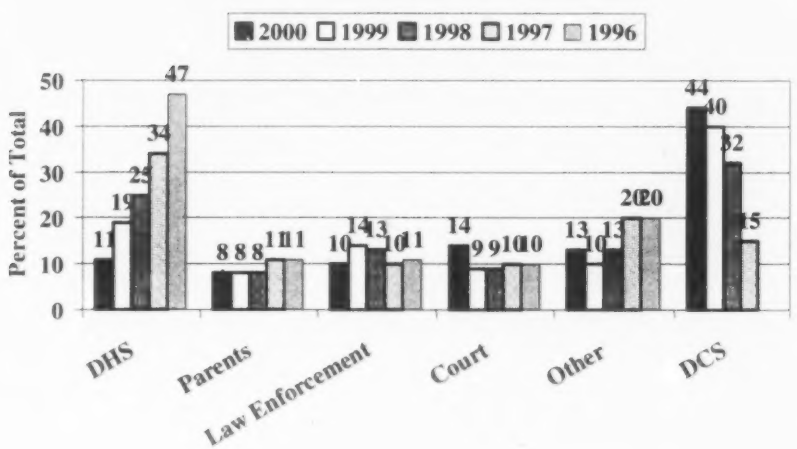
Cases for 2000



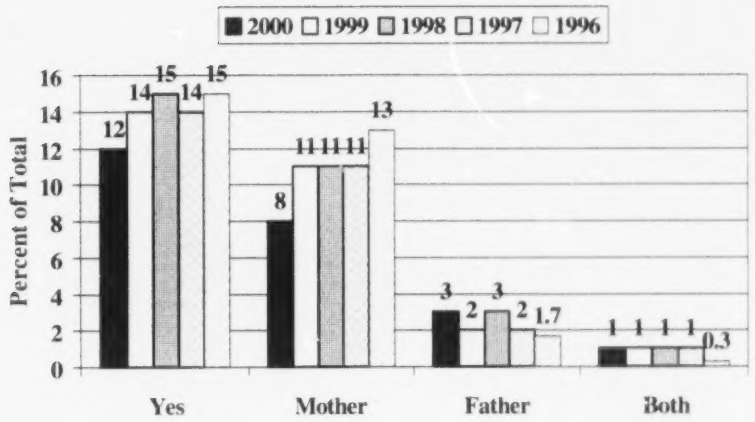
Child's Living Situation Prior to Court Order



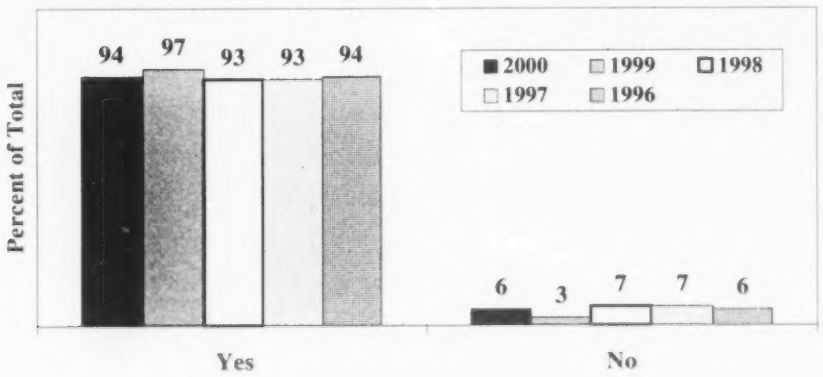
Who Filed the Petition?



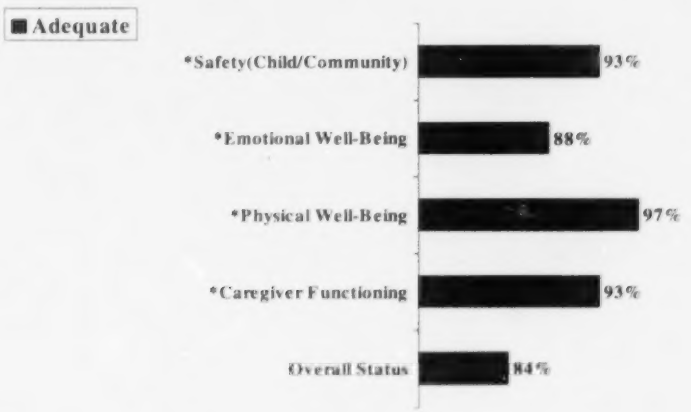
Was the Parent in State Custody as a Child?



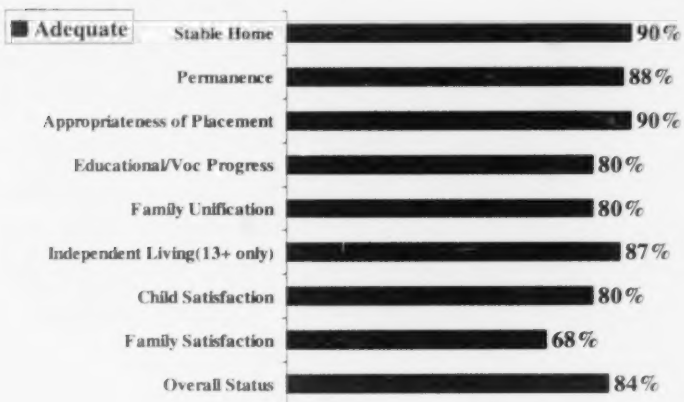
If Provided Needed Services, Was State Custody Necessary?



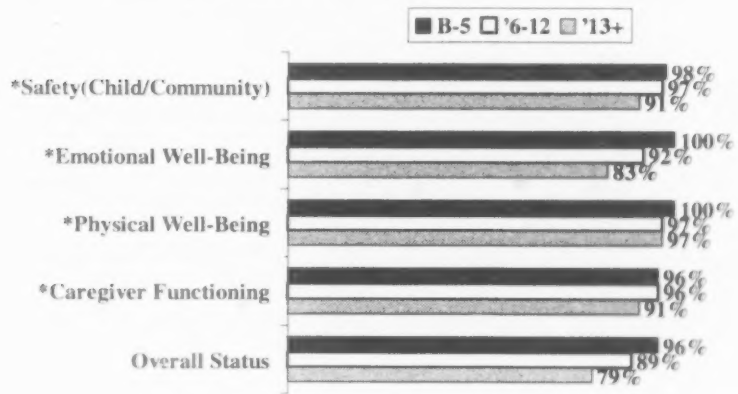
Status of Child/Family on Key Indicators
All Cases



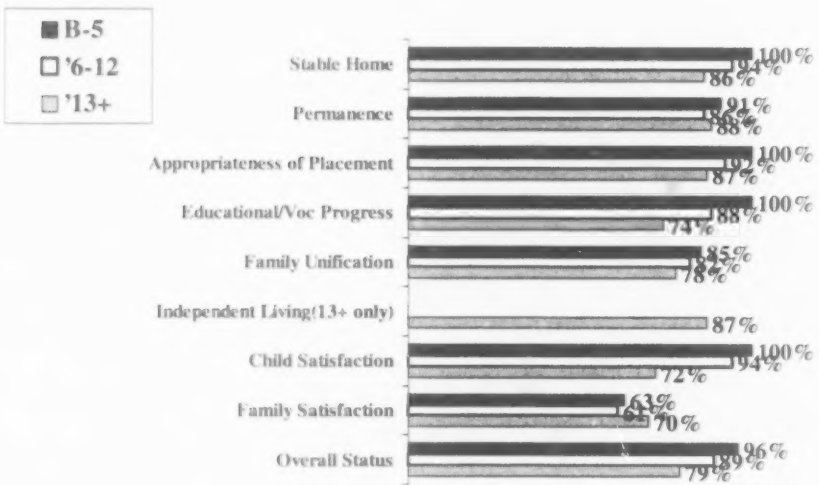
Status of Child/Family on Key Indicators
All Cases



Status of the Child/Family on Key Indicators
Comparison By Age of the Child

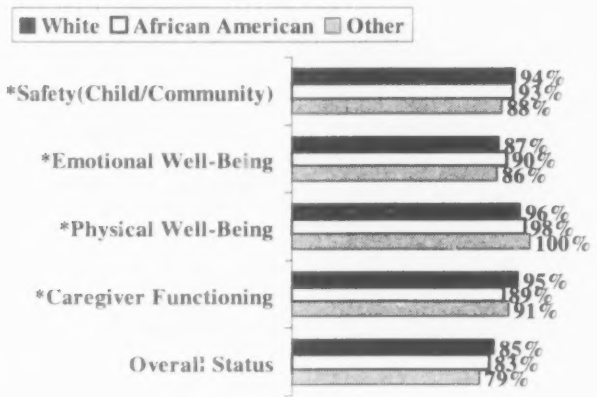


Status of the Child/Family on Key Indicators
Comparison By Age of the Child



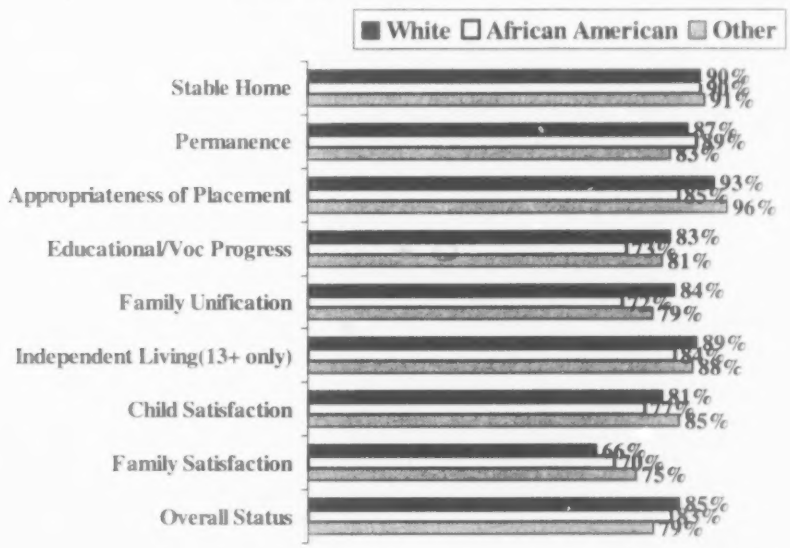
Status of the Child/Family on Key Indicators

Comparison By Race

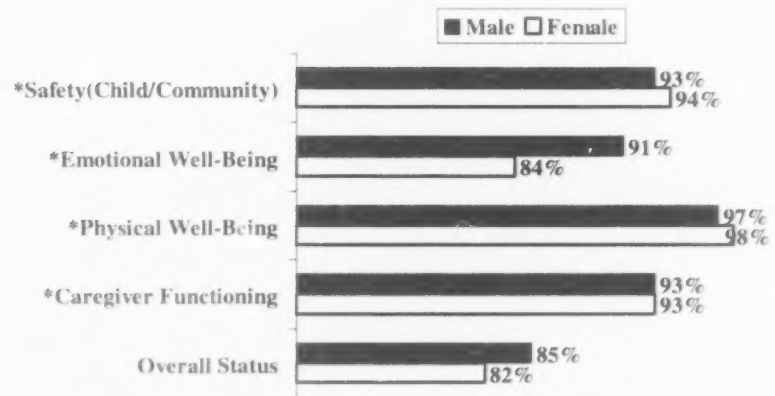


Status of the Child/Family on Key Indicator

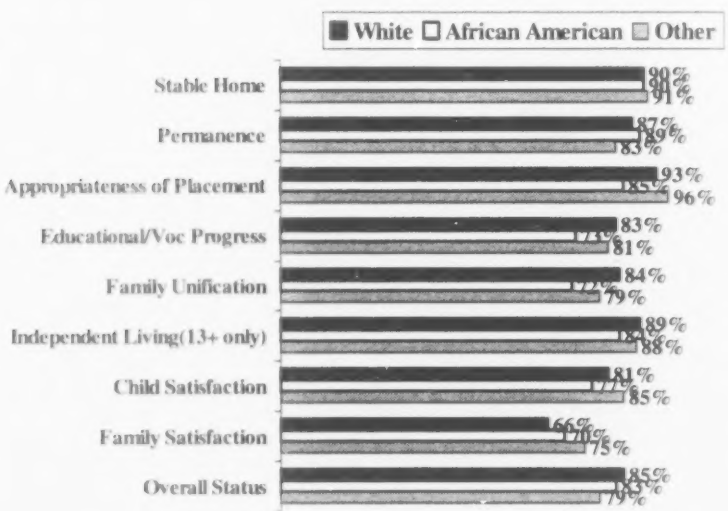
Comparison By Race



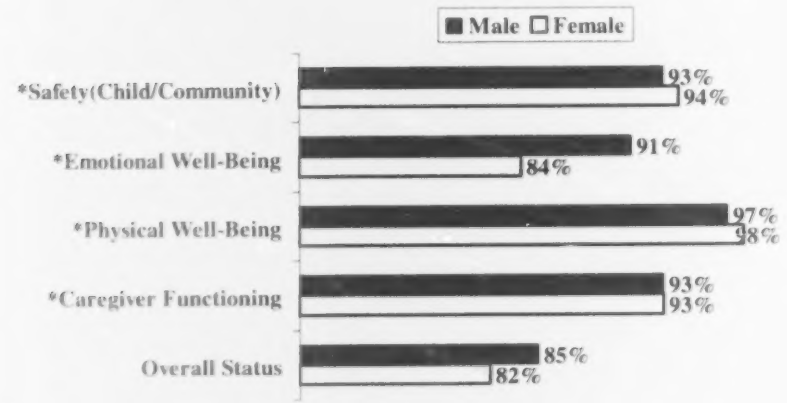
Status of the Child/Family on Key Indicators
Comparison By Gender



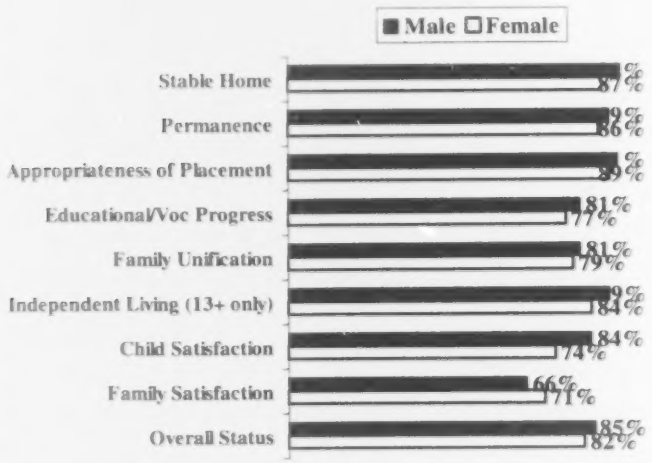
Status of the Child/Family on Key Indicators
Comparison By Race



Status of the Child/Family on Key Indicators
Comparison By Gender

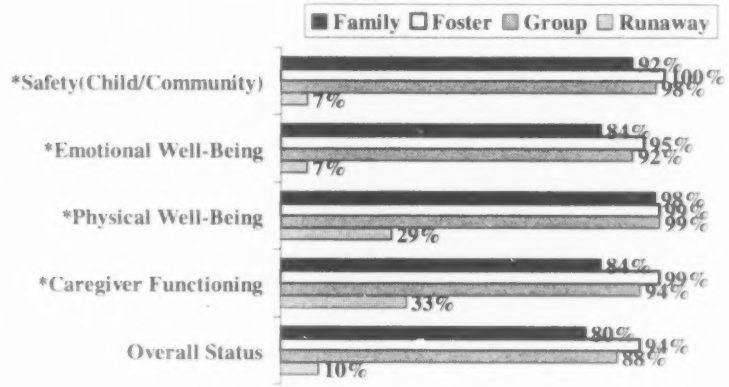


Status of the Child/Family on Key Indicators
Comparison By Gender



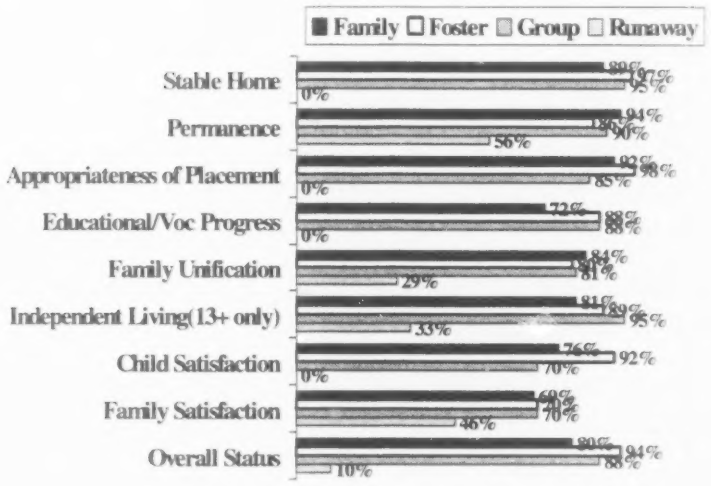
Status of the Child/Family on Key Indicators

Comparison By Residence

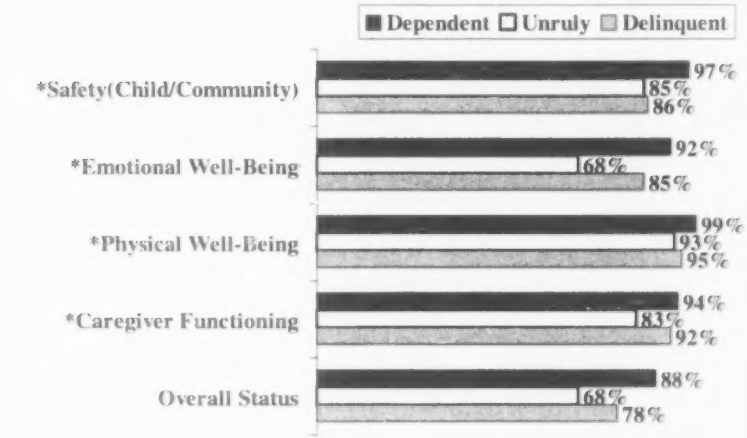


Status of the Child/Family on Key Indicators

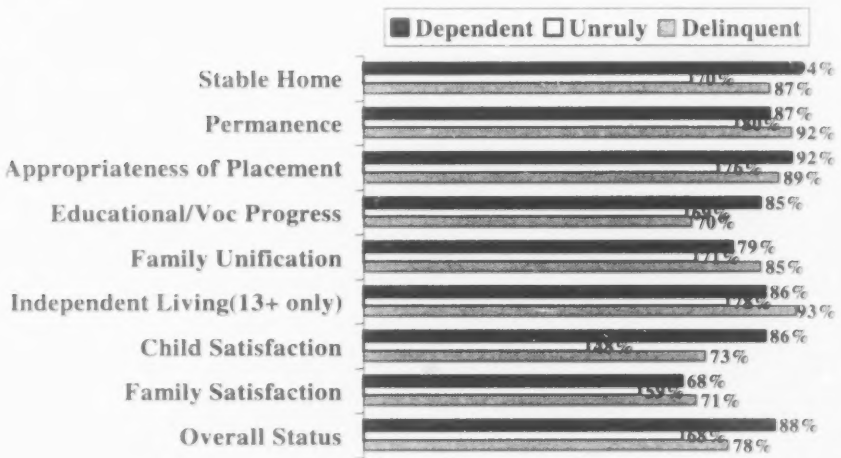
Comparison By Residence



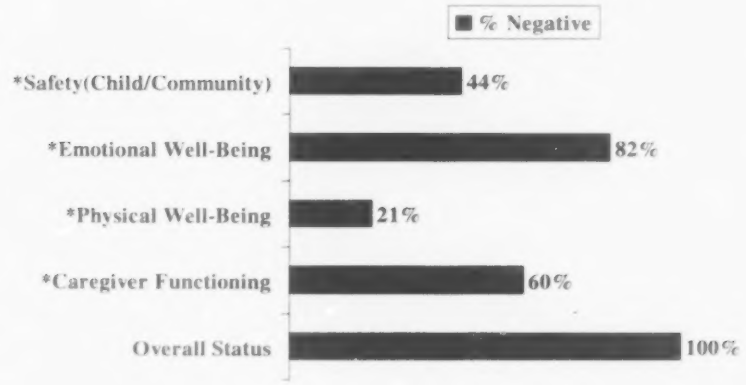
Status of the Child/Family on Key Indicators
Comparison By Adjudication



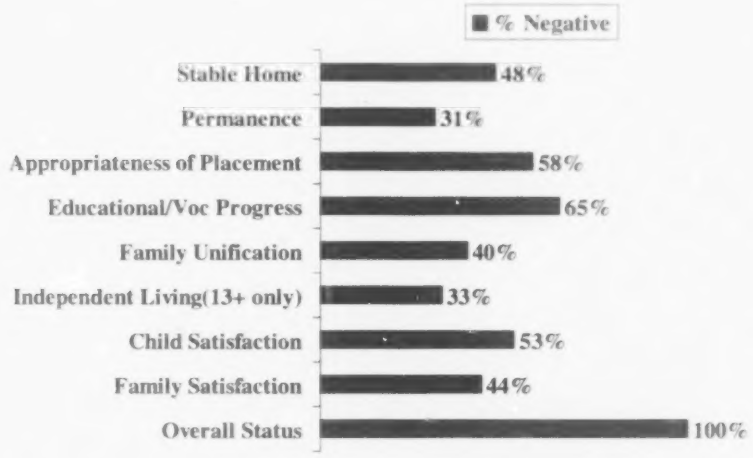
Status of the Child/Family on Key Indicators
Comparison By Adjudication



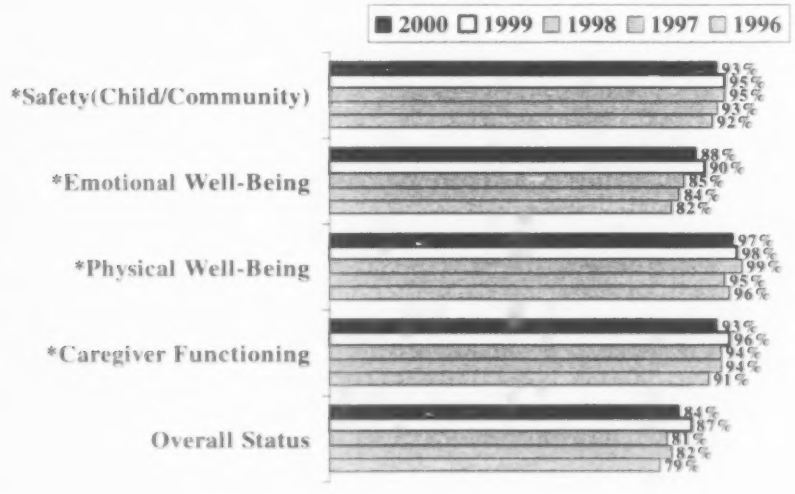
Status of the Child/Family on Key Indicators
Negative Cases



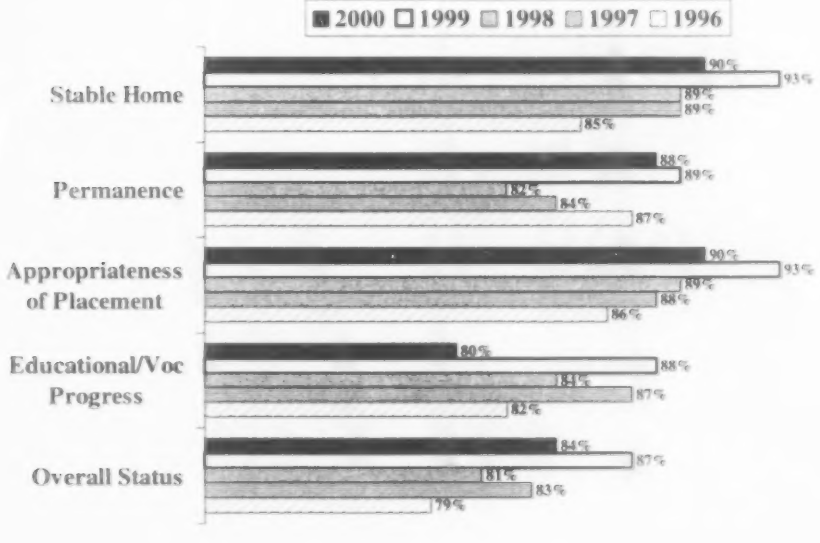
Status of the Child/Family on Key Indicators
Negative Cases



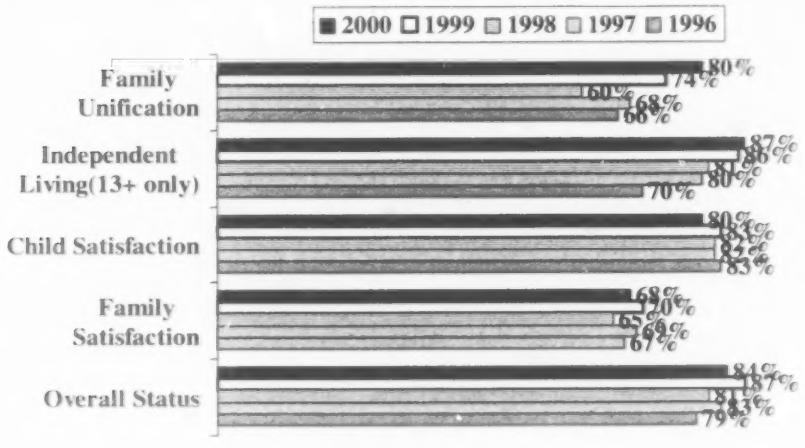
Status of the Child/Family on Key Indicators
Comparison of Current Year with Previous Years



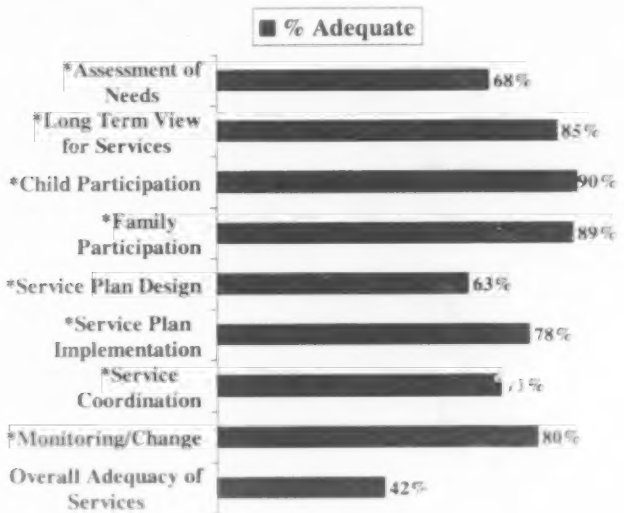
Status of the Child/Family on Key Indicators
Comparison of Current Year with Previous Years



Status of the Child/Family on Key Indicators
Comparison of Current Year with Previous Years



Adequacy Service System Functions on Key Indicators - All Cases



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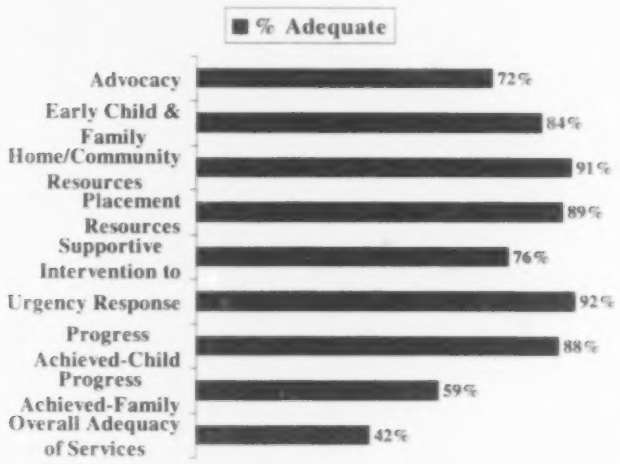
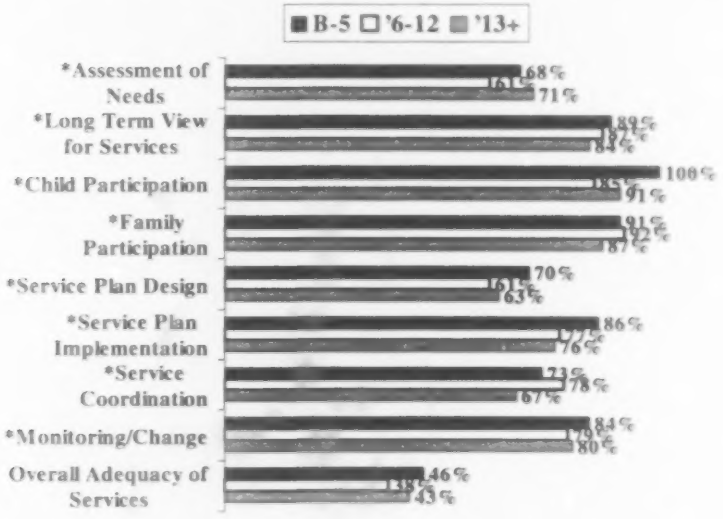
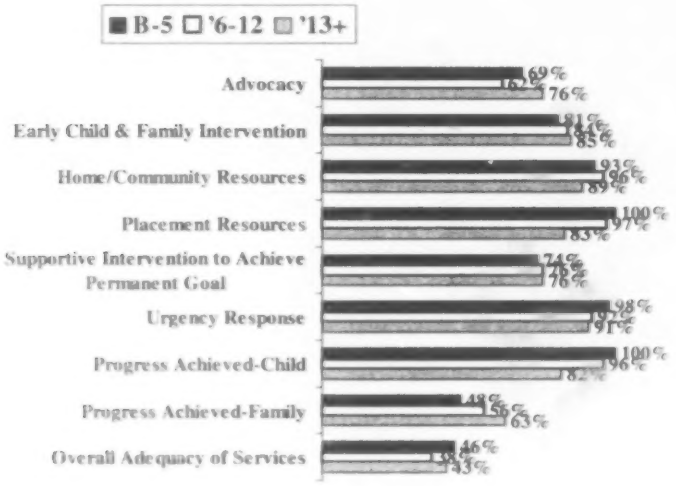


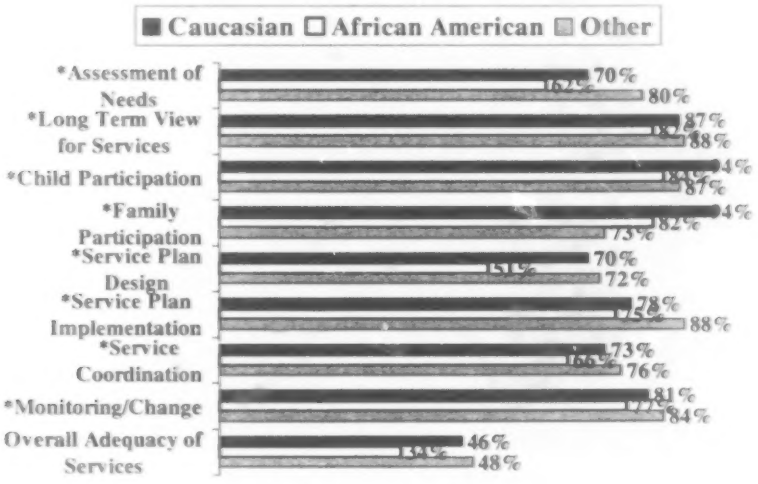
Adequacy Service System Functions on Key Indicators Comparison By Age of the Child



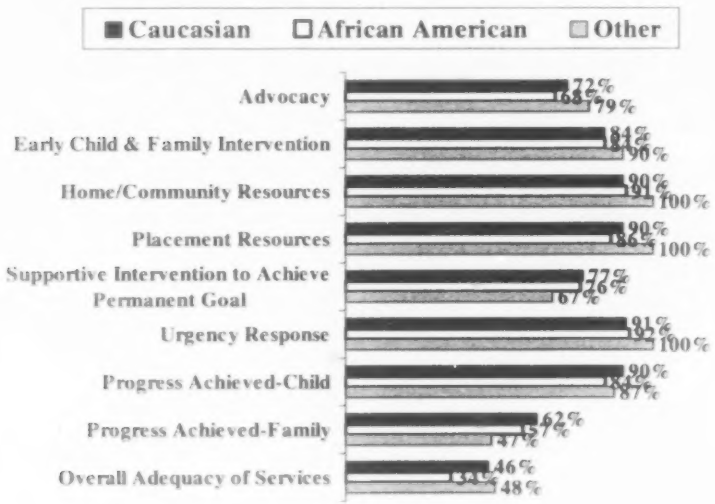
Adequacy Service System Functions on Key Indicators
Comparison By Age of the Child



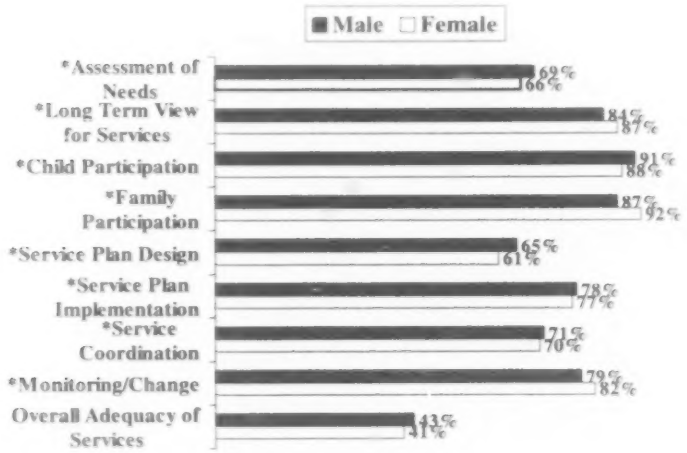
Adequacy Service System Functions on Key Indicators
Comparison By Race



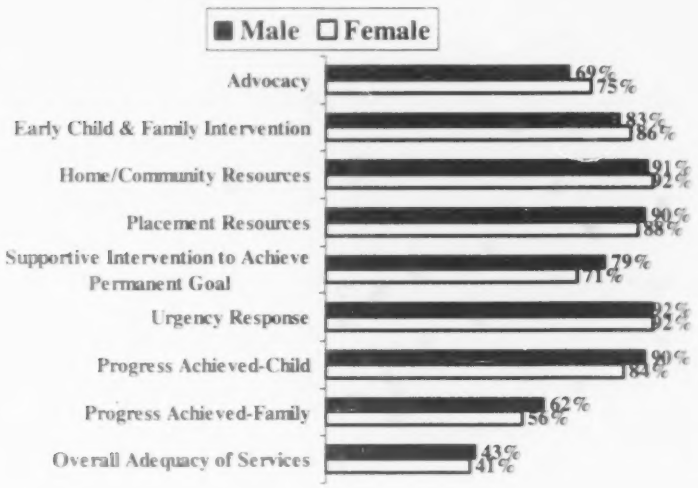
Adequacy Service System Functions on Key Indicators Comparison By Race



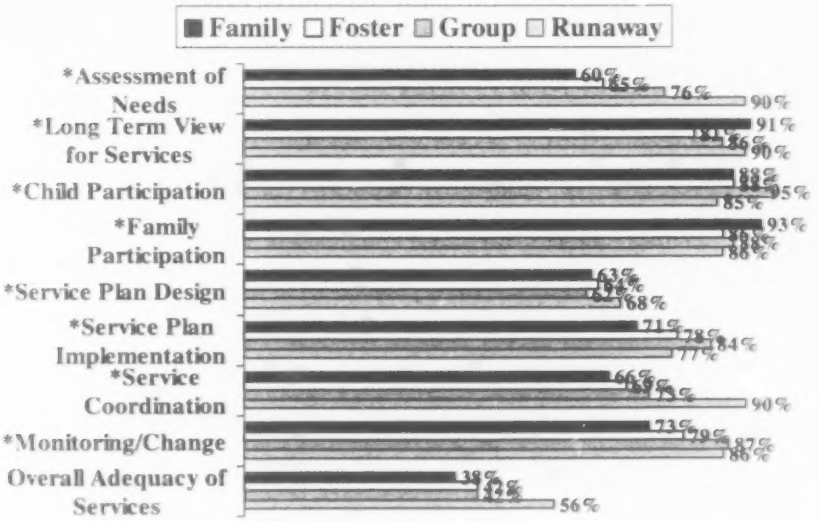
Adequacy Service System Functions on Key Indicators Comparison By Gender



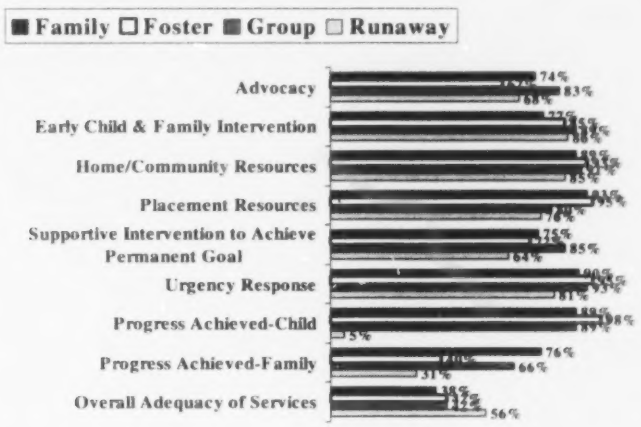
Adequacy Service System Functions on Key Indicators Comparison By Gender



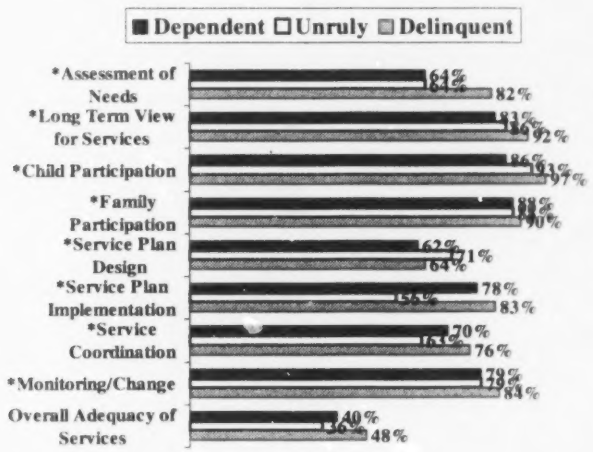
Adequacy Service System Functions on Key Indicators Comparison By Residence



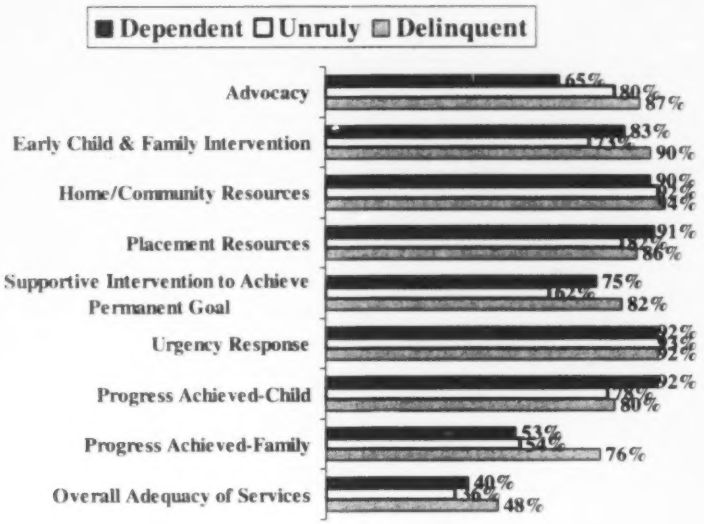
Adequacy Service System Functions on Key Indicators Comparison By Residence



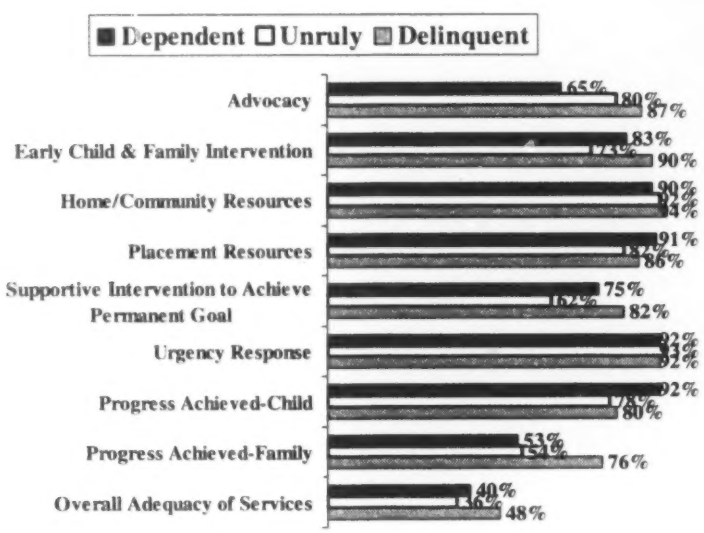
Adequacy Service System Functions on Key Indicators Comparison By Adjudication



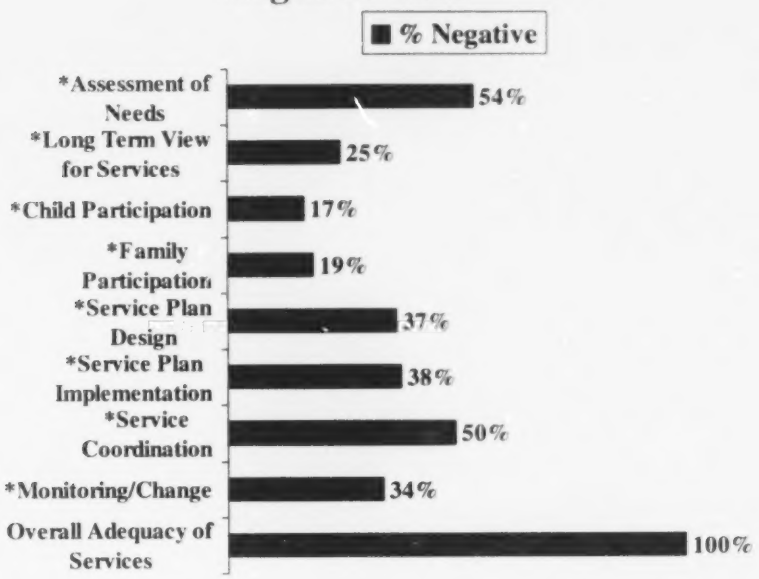
Adequacy Service System Functions on Key Indicators
Comparison By Adjudication



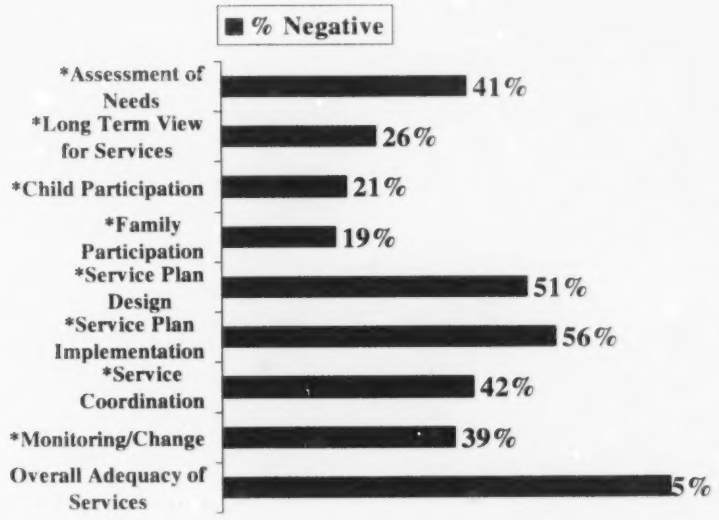
Adequacy Service System Functions on Key Indicators
Comparison By Adjudication



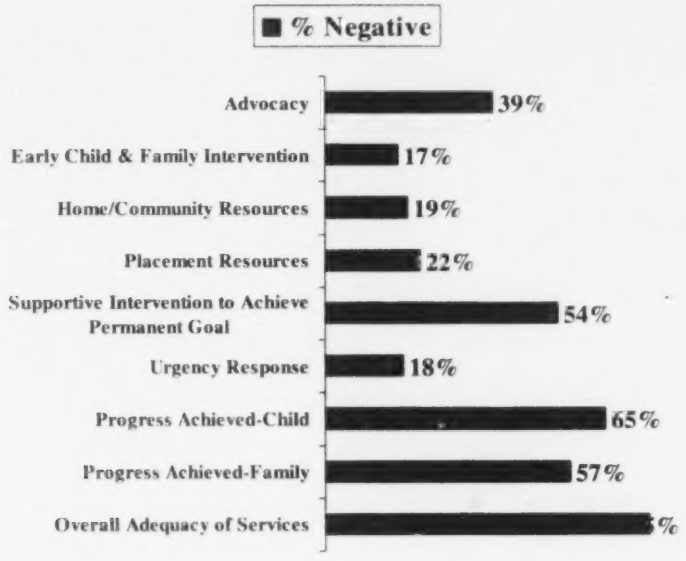
Adequacy Service System Functions on Key Indicators Negative Cases



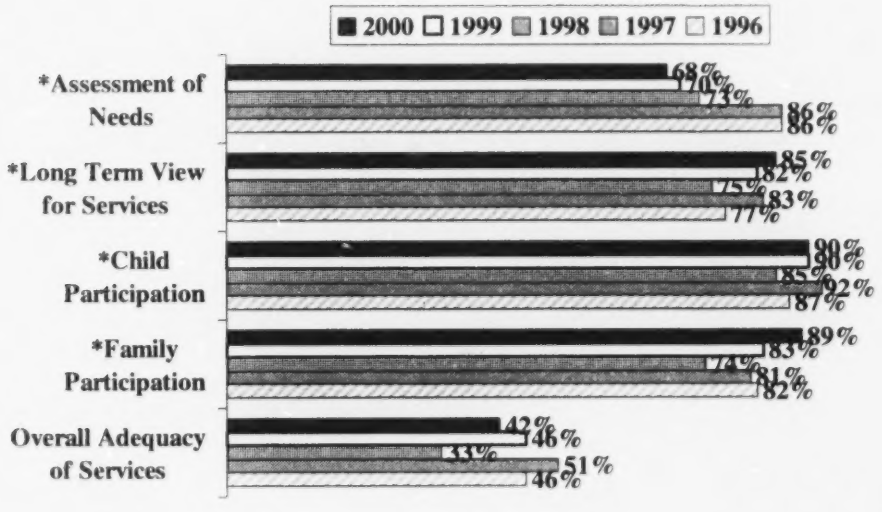
Adequacy Service System Functions on Key Indicators Negative Cases: Status of Child & Family



Adequacy Service System Functions on Key Indicators
Negative Cases: Status of Child & Family

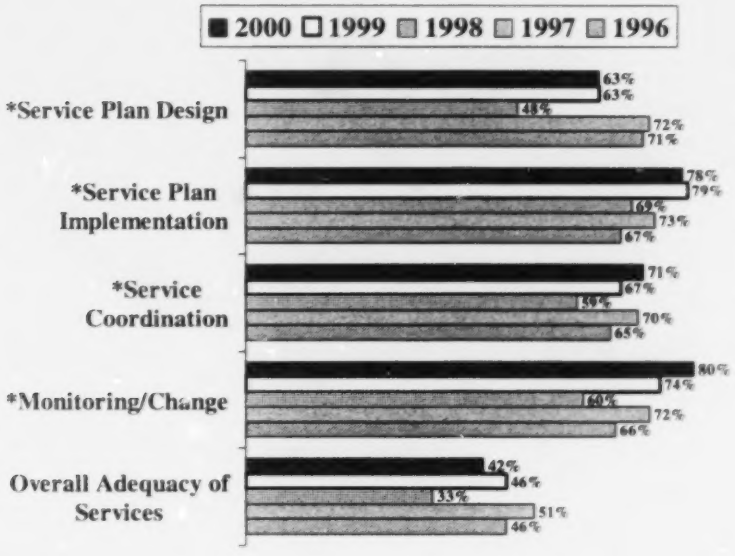


Adequacy Service System Functions on Key Indicators
Comparison with Previous Years

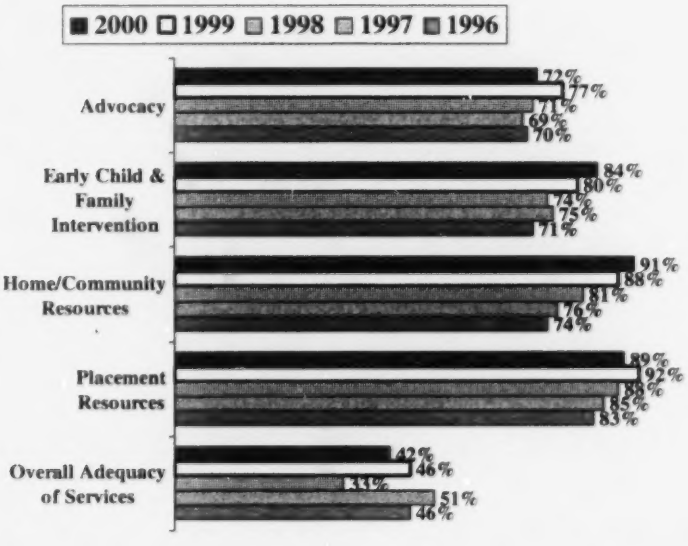


100

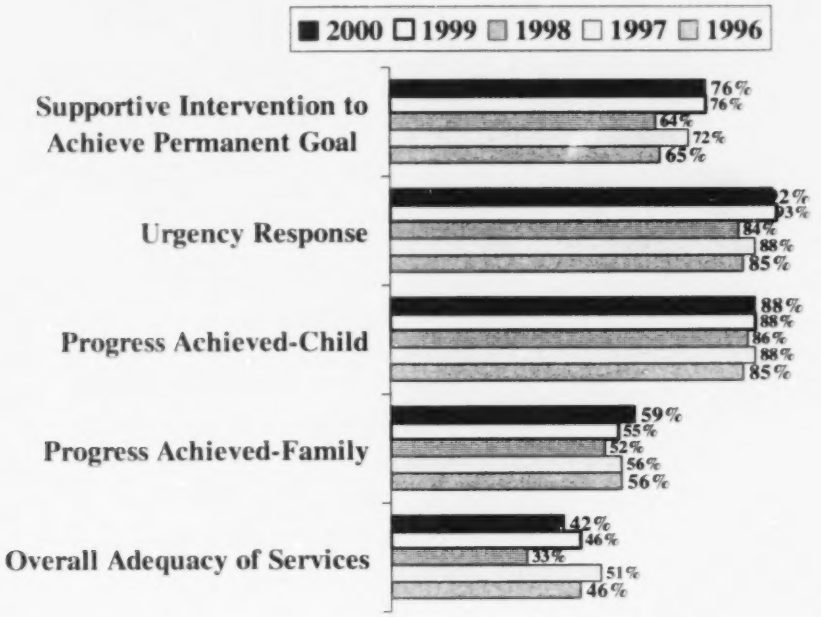
Adequacy Service System Functions on Key Indicators
Comparison with Previous Years



Adequacy Service System Functions on Key Indicators
Comparison with Previous Years



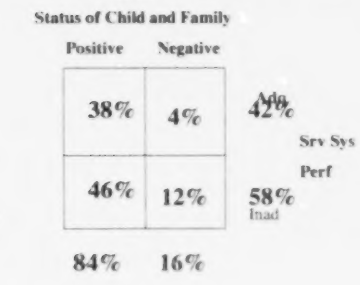
Adequacy Service System Functions on Key Indicators
Comparison with Previous Years



Status and System Performance

Comparison of Current Year vs. Previous Years Results

2000



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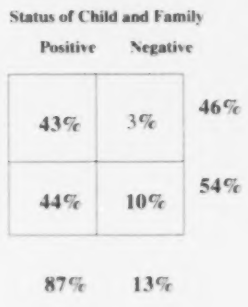
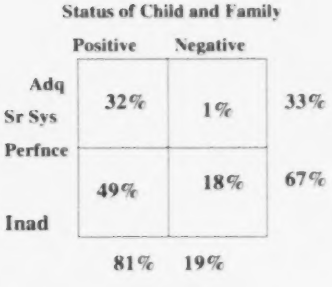


1998



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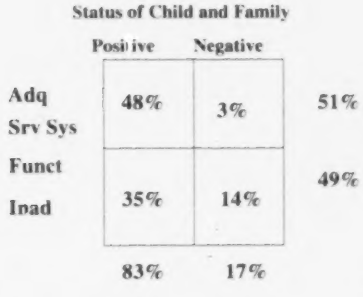
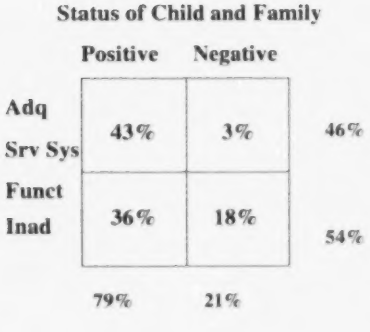
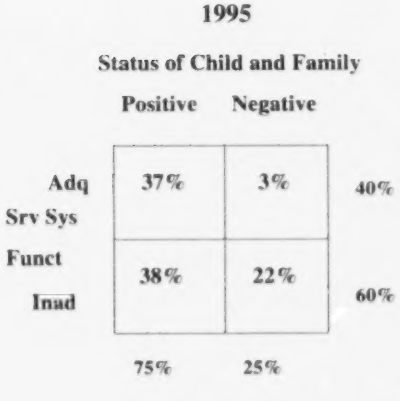


1996



1995



APPENDIX D

Critical Issues

Critical Issues for the Child – All Cases

Critical Issues for the Child –Age of the Child

Critical Issues for the Child – Race of the Child

Critical Issues for the Child –Gender of the Child

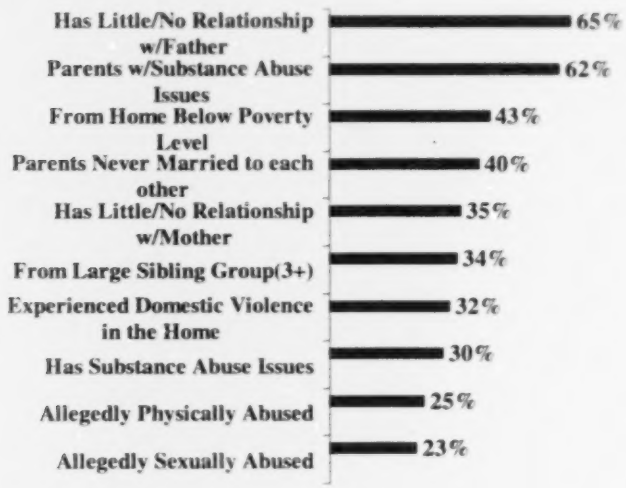
Critical Issues for the Child – Type of Residence

Critical Issues for the Child – Adjudication

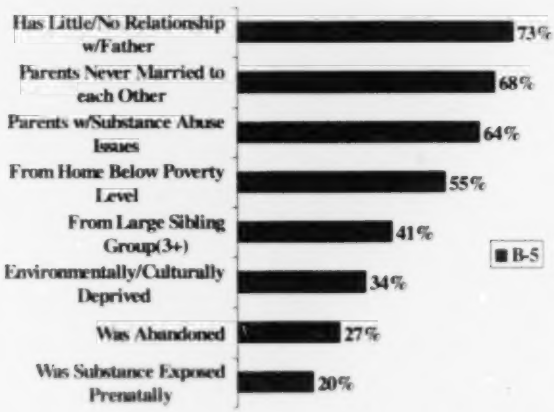
Dependent, Neglected or Abused

Critical Issues for the Child – Four-Year Comparison

Critical Issues for the Child
All Cases



Critical Issues for the Child
By Age of Child



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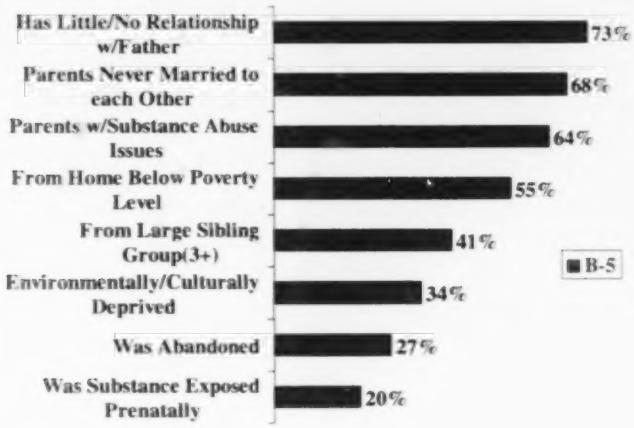
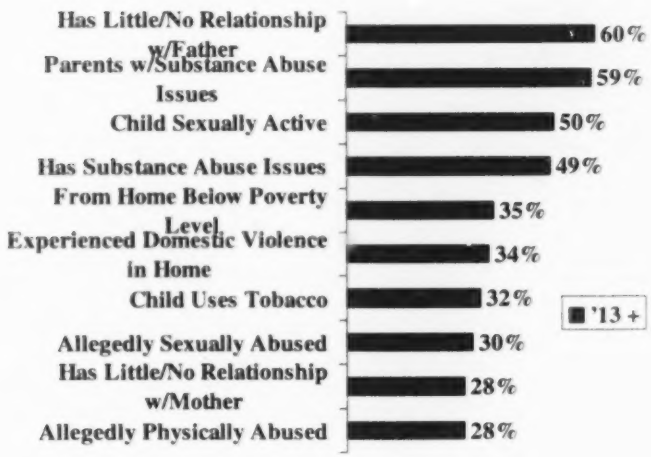
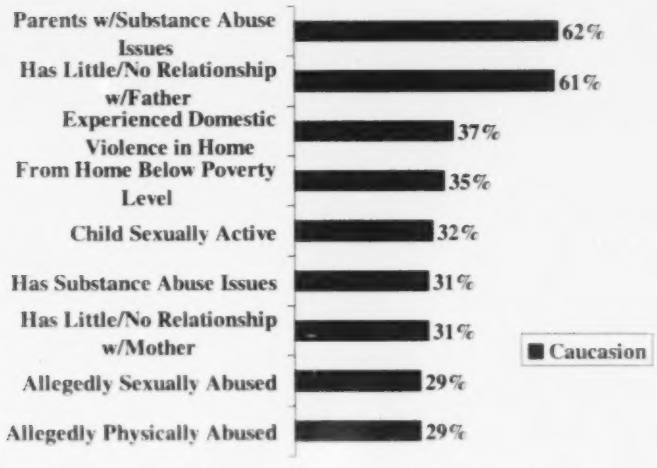
Critical Issues for the Child
By Age of Child



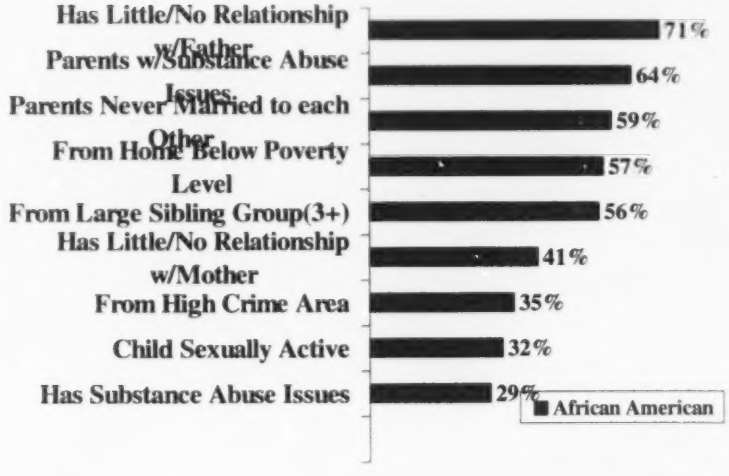
Critical Issues for the Child
By Age of Child



Critical Issues for the Child
By Race of Child



Critical Issues for the Child
By Race of Child



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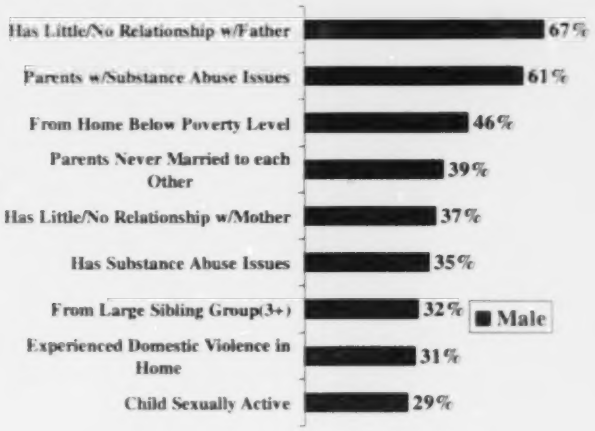
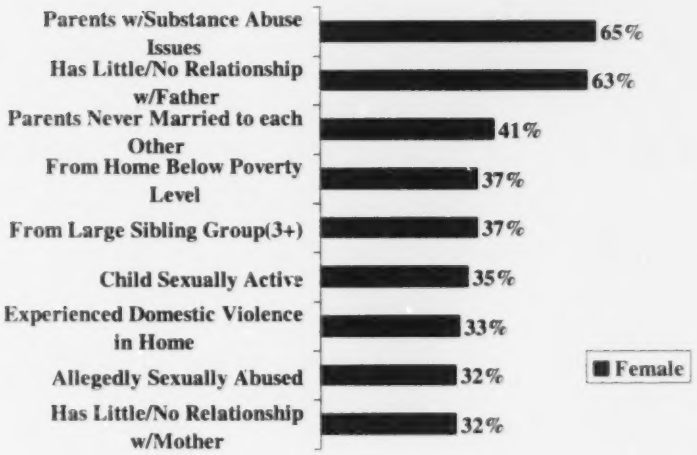
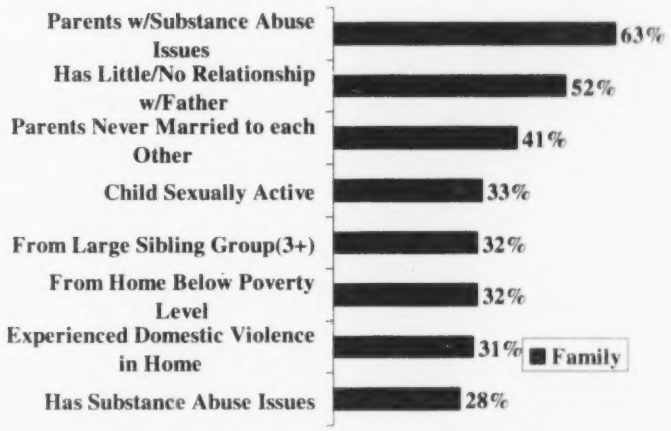
Critical Issues for the Child
By Gender of Child



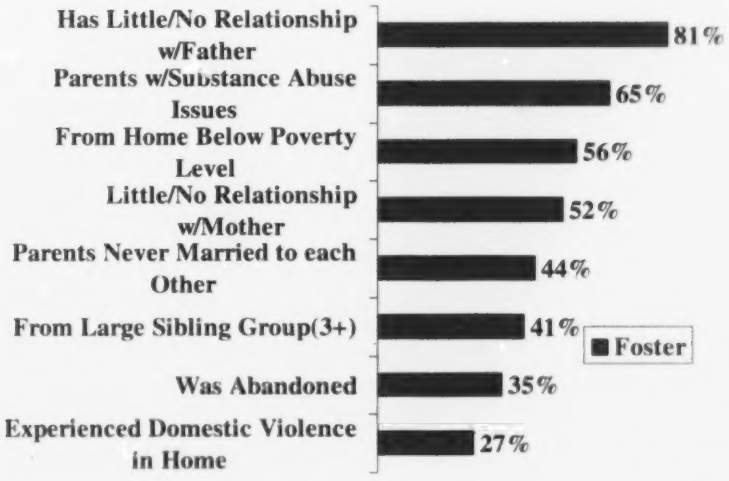
Critical Issues for the Child
By Gender of Child



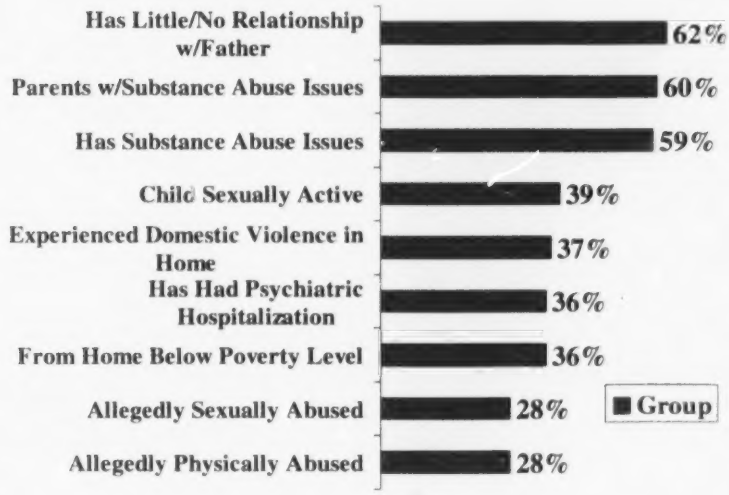
Critical Issues for the Child
By Residence



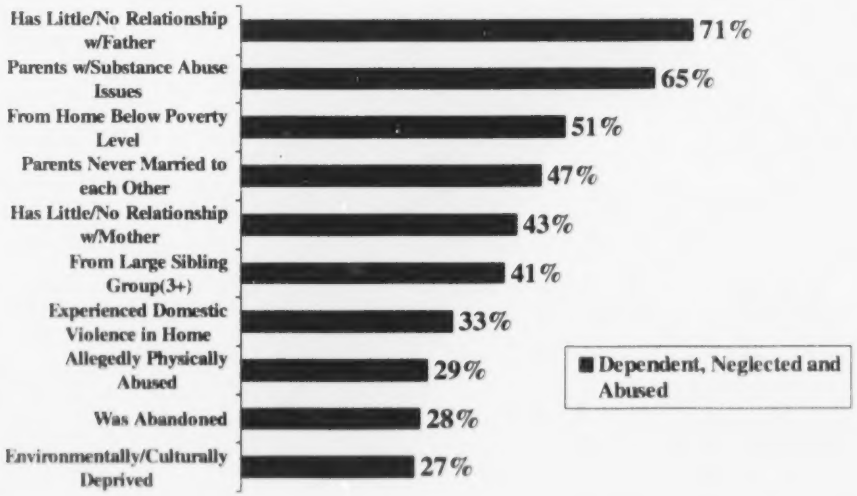
Critical Issues for the Child
By Residence



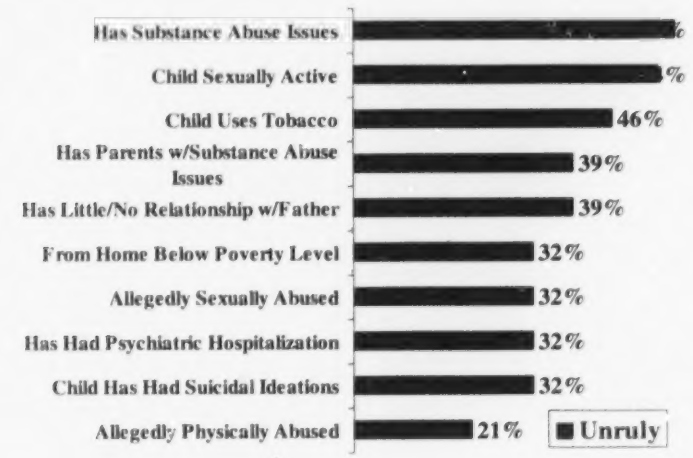
Critical Issues for the Child
By Residence



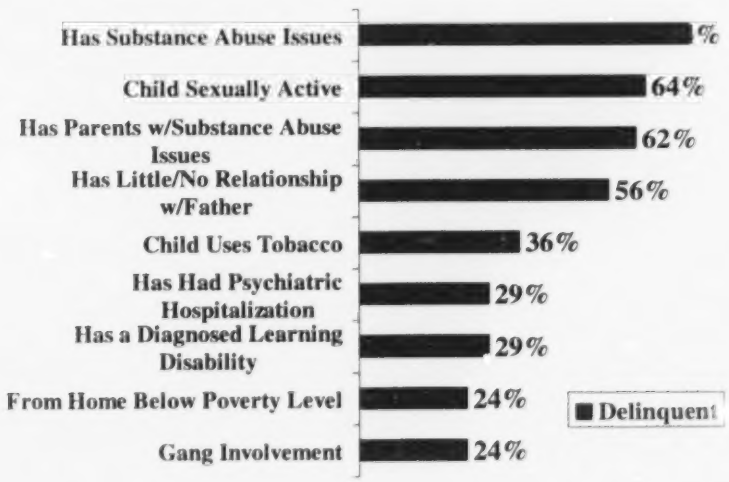
Critical Issues for the Child
By Adjudication



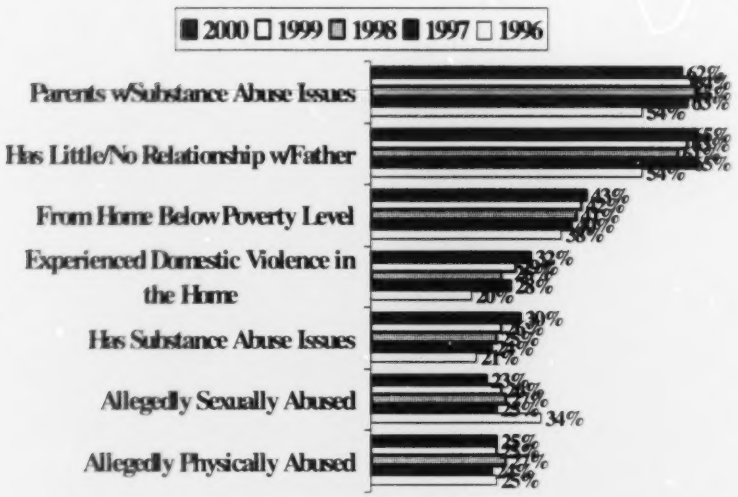
Critical Issues for the Child
By Adjudication



Critical Issues for the Child
By Adjudication



Critical Issues For The Child


2000 1999 1998 1997 1996
Parents w/Substance Abuse Issues
Has Little/No Relationship w/Father
From Home Below Poverty Level
Experienced Domestic Violence in the Home
Has Substance Abuse Issues
Allegedly Sexually Abused
Allegedly Physically Abused

APPENDIX E

System Component Performance

System Component Performance – Response Options

System Component Performance – Department of Children's Services

System Component Performance- Placement

System Component Performance – Parent(s)

System Component Performance - Child

System Component Performance - Court

System Component Performance - School

System Component Performance

Reviewers responded to questions regarding responsibilities of the following system components:

Custodial Department	Court
Placement	School System
Parent	Child

Response options included:

Yes	No
Somewhat	NA

Points were given as follows:

Yes	100	No	0
Somewhat	50	NA	Not included in average

Points were averaged for the scores presented. It should be noted that the scores are NOT percentages.

Did Department of Children Services

	00	99
Know the child and family and their needs?	78	77
Work to keep/get the child out of custody if appropriate?	74	71
If custody was necessary, work to get a family or friend placement, if appropriate?	79	82
Collect all necessary information to assess the child in a timely manner?	73	70
Participate in the development of the most recent Permanency Plan that sufficiently addressed the child's & family's needs?	73	66
Participate in the development of a Permanency Plan that contained clear objectives?	71	68

Did Department of Children Services	00	99
Work with the placement to avoid disruption?	76	76
Work with the child (& family, if applicable) to achieve Permanent Goal in a timely manner?	68	65
Monitor change, progress, problems and keep the family, child, and court apprised?	71	66
Cooperate with all involved parties to accomplish goals in a timely manner?	74	71
Provide appropriate legal and other assistance necessary to move the child out of state custody ?	64	62
Total Average	73	70

Did the Placement . . .	00	99
Meet the child's physical needs?	99	99
Meet the child's emotional needs?	90	92
Provide the services that are identified in the Permanency Plan for implementation by the placement agency, or provide written notification that they are not capable of providing identified services?	93	95
Work with the child toward obtaining the Permanent Goal or stepping down in a timely manner?	93	93
Work with the parents/Permanent Goal if appr.?	86	87
Cooperate with all involved parties to accomplish goals in a timely manner?	93	95
Total Average	93	94

Did the Parent(s) . . .	00	99
Provide reasonable financial support for the child based on available resources if ordered to do so?	44	39
Provide informal support (money, clothing, etc.), based on available resources, even if no support ordered?	53	50
Visit with the child?	67	70
Assist the child in returning/remaining home or in obtaining the permanent goal?	54	56
Make efforts to achieve the outcomes identified in the Pernanency Plan in a timely manner?	53	51
Cooperate with all involved parties to accomplish goals in a timely manner?	56	53
Total Average	**55**	**54**

Did the Child . . .	00	99
Cooperate with the placement in order to avoid a disruption?	83	83
Work toward the Permanent Goal?	82	82
Make efforts to achieve the outcomes identified in the Permanency Plan in a timely manner?	81	81
Achieve progress in treatment?	81	82
Achieve progress (based on ability) in school or a vocation?	77	81
Total Average	**81**	**82**

Did the Court . . .	00	99
Make efforts to keep the child out of state custody?	87	81
Order a non-custodial assessment, if appropriate or make a referral for other prevention services ?	52	43
Act in a timely manner?	94	92
Order reasonable financial support for the child based on available resources?	47	43
Review the child in foster care review board every 6 months?	82	84
Keep records or track this child while in custody?	78	74
Facilitate release of the child from state custody, when appr., in a timely manner?	71	65
Total Average	75	71

Did the School . . .	00	99
Intervene at earliest indication of problems?	83	83
If appr., identify problem behaviors and set up behavior modification plans to address them?	82	84
Obtain special evaluations when indicated?	86	84
Convene M-Team for child if indicated?	86	88
Reevaluate every 3 years for recertification?	85	82
Include parent(s) in planning?	68	74
Provide special services when indicated?	86	86
Make efforts to keep the child actively involved in and attending school?	88	90
Total Average	83	84

APPENDIX F

Percentages by Region

1998/1999/2000 Status of Child and Family Per Region

1998/1999/2000 Status of Service System Performance Per Region

1998/1999/2000 Percentages of Cases Per Region

1998/1999/2000 STATUS OF CHILD AND FAMILY PER REGION

Category	1998 Statewide	1999 Statewide	2000 Statewide	1998 Hc	1999 Hc	2000 Hc	1998 Se	1999 Se	2000 Se	1998 Sw	1999 Sw	2000 Sw	1998 Mps	1999 Mps	2000 Mps	1998 Uc	1999 Uc	2000 Uc	1998 Mc	1999 Mc	2000 Mc
Number Of Cases Reviewed	350 Of 587	348 Of 583	348 Of 580	48	47	48	47	47	47	49	48	48	60	59	56	47	47	47	49	49	49
Safety	95	95	93	81	84	87	96	98	91	90	98	98	98	98	94	93	98	94	96	98	94
Emotiona Well-Bein	85	90	88	82	83	77	76	91	86	82	85	85	81	96	94	84	89	96	85	81	83
Physical Well-Bein	99	98	97	95	98	91	98	98	95	94	100	96	100	100	100	100	98	100	98	94	94
Caregiver Functionin	94	96	93	90	95	90	85	98	93	83	92	90	96	100	87	89	100	91	93	89	96
Overall Status	81	87	84	75	76	72	74	89	82	73	83	81	81	94	82	77	89	87	80	79	84

1998/1999/2000 STATUS OF CHILD AND FAMILY PER REGION

Category	1998 State-wide	1999 State-wide	2000 State-wide	1998 Et	1999 Et	2000 Et	1998 Nw	1999 Nw	2000 Nw	1998 Ne	1999 Ne	2000 Ne	1998 Sc	1999 Sc	2000 Sc	1998 Kc	1999 Kc	2000 Kc	1998 Dc	1999 Dc	2000 Dc
Number Of Cases Reviewed	350 Of 587	348 Of 583	348 Of 580	49	49	49	45	45	45	48	48	48	48	48	48	48	47	47	49	49	49
Safety	95	95	93	100	94	96	91	98	95	92	96	91	96	98	92	100	96	98	96	89	98
Emotional Well-Being	85	90	88	92	88	85	91	93	95	83	91	89	87	98	83	94	85	98	83	90	84
Physical Well-Being	99	98	97	98	96	98	98	100	100	93	98	93	100	98	94	98	96	100	100	100	100
Caregiver Functioning	94	96	93	94	100	96	93	98	100	89	96	95	94	98	96	94	98	100	93	85	92
Overall Status	81	87	84	84	87	83	84	93	91	81	87	87	87	91	81	83	80	93	83	86	84

1998/1999/2000 STATUS OF SERVICE SYSTEM PERFORMANCE PER REGION

	1998 State-wide	1999 State-wide	2000 State-wide	1998 Hc	1999 Hc	2000 Hc	1998 Se	1999 Se	2000 Se	1998 Sw	1999 Sw	2000 Sw	1998 Mps	1999 Mps	2000 Mps	1998 Uc	1999 Uc	2000 Uc	1998 Mc	1999 Mc	2000 Mc
Number Of Cases Reviewed	350 Of 587	348 Of 583	348 Of 580	48	47	48	47	47	47	49	48	48	60	59	56	47	47	47	49	49	49
Assessment Of Needs	73	70	68	70	74	75	77	83	79	74	60	50	63	72	66	66	83	74	80	69	81
Long Term View For Services	75	82	85	77	74	83	68	85	83	54	62	73	80	78	86	72	92	85	82	84	83
Child Participation	85	90	90	81	88	77	88	79	97	80	85	84	72	73	74	86	94	95	88	95	92
Family Participation	74	83	89	74	80	86	67	82	94	63	67	60	76	64	80	80	94	90	73	85	86
Service Plan Design	48	63	63	52	40	57	57	59	72	41	40	44	40	60	47	45	74	60	71	71	71
Service Plan Implementation	69	79	78	74	68	83	67	72	78	60	64	63	77	80	79	69	82	77	60	66	72
Service Coordination	59	67	71	69	69	73	68	64	74	57	42	48	65	70	70	68	83	68	58	55	67
Monitoring And Change	60	74	80	63	80	85	68	63	83	45	55	69	68	75	79	68	89	83	57	65	78
Overall Adequacy Of Services	33	46	42	40	28	42	32	38	49	24	25	21	32	48	39	30	60	38	43	43	47

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1998/1999/2000 STATUS OF SERVICE SYSTEM PERFORMANCE PER REGION

	1998 State-wide	1999 State-wide	2000 State-wide	1998 Et	1999 Et	2000 Et	1998 Nw	1999 Nw	2000 Nw	1998 Ne	1999 Ne	2000 Ne	1998 Sc	1999 Sc	2000 Sc	1998 Kc	1999 Kc	2000 Kc	1998 Dc	1999 Dc	2000 Dc
Number Of Cases Reviewed	350 Of 587	348 Of 583	348 Of 580	49	49	49	45	45	45	48	48	48	48	48	48	48	47	47	49	49	49
Assessment Of Needs	73	70	68	76	73	67	84	84	82	72	83	73	71	52	67	81	70	79	78	57	67
Long Term View For Services	75	82	85	80	90	88	76	93	93	83	96	88	71	81	83	88	85	94	88	78	90
Child Participation	85	90	90	94	97	89	93	97	100	73	100	89	90	94	97	97	88	97	92	92	95
Family Participation	74	83	89	86	87	98	82	89	94	65	83	91	90	97	80	83	79	91	82	80	89
Service Plan Design	48	63	63	43	77	67	49	57	67	42	65	60	48	51	67	52	67	79	37	61	61
Service Plan Implementation	69	79	78	64	87	72	77	83	95	77	78	88	61	77	81	83	85	91	79	76	74
Service Coordination	59	67	71	45	81	62	69	73	88	62	80	77	52	57	58	71	64	87	83	85	65
Monitoring And Change	60	74	80	49	83	78	73	87	87	62	91	79	54	67	67	65	68	94	62	65	78
Overall Adequacy Of Services	33	46	42	20	61	43	36	51	48	35	56	52	29	29	35	44	45	57	29	39	41

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1998/1999/2000 PERCENTAGES OF CASES PER REGION

	1998 State - wide	1999 State - wide	2000 State - wide	1998 Hc	1999 Hc	2000 Hc	1998 Se	1999 Se	2000 Se	1998 Sw	1999 Sw	2000 Sw	1998 Mps	1999 Mps	2000 Mps	1998 Uc	1999 Uc	2000 Uc	1998 Mc	1999 Mc	2000 Mc
Number Of Cases Reviewed	350 Of 587	348 Of 583	348 Of 580	48	47	48	47	47	47	49	48	48	60	59	56	47	47	47	49	49	49
Status Of The Child & Family	81	87	84	75	76	72	74	89	82	73	83	81	81	94	82	77	89	87	80	79	84
Service System Performance	33	46	42	40	28	42	32	38	49	24	25	21	32	48	39	30	60	38	43	43	47
Appropriate For Custody	93	97	94	96	98	98	96	96	94	92	98	90	98	98	95	94	98	94	86	96	92
Custody Too Long	28	26	28	12	13	12	34	19	28	26	42	42	40	39	45	21	28	34	35	24	26
Incarceration Of Parents	57	55	59	48	55	54	65	68	61	44.9	51	59	50	45	56	72.3	58	60	51	42	63
Parents W/Substance Abuse Issues	65	64	62	67	49	65	62	68	66	57	67	69	60	63	68	70	62	66	59	63	67
Children W/Substance Abuse Issues	25	26	30	27	27	23	9	21	30	29	23	10	5	10	7	30	30	30	31	29	37
Experienced Domestic Violence In Home	26	29	32	15	21	33	30	36	40	27	21	23	20	14	20	32	38	45	43	39	18
Little Or No Relationship With Father	61	63	65	67	72	75	60	60	64	61	75	75	67	64	79	43	51	51	61	57	53
Allegedly Sexually Abused	27	26	23	29	21	25	40	30	23	10	27	21	25	25	16	32	40	34	31	27	20

1998/1999/2000 PERCENTAGES OF CASES PER REGION

Category	1998 State-wide	1999 State-wide	2000 State-wide	1998 Et	1999 Et	2000 Et	1998 Nw	1999 Nw	2000 Nw	1998 Ne	1999 Ne	2000 Ne	1998 Sc	1999 Sc	2000 Sc	1998 Kc	1999 Kc	2000 Kc	1998 Dc	1999 Dc	2000 Dc
Number Of Cases Reviewed	350 Of 587	348 Of 583	348 Of 580	49	49	49	45	45	45	48	48	48	48	48	48	48	47	47	49	49	49
Status Of The Child & Family	81	87	84	84	87	83	84	93	91	81	87	87	87	91	81	83	80	93	83	86	84
Service System Performance	33	46	42	20	61	43	36	51	48	35	56	52	29	29	35	44	45	57	29	39	41
Appropriate For Custody	93	97	94	96	94	94	96	100	100	92	96	98	94	92	83	92	98	100	92	94	98
Custody Too Long	28	26	28	24	22	29	20	24	11	42	31	19	29	23	29	21	26	13	18	14	12
Incarceration Of Parents	57	55	59	47	56	46	64	62	47	62	64	58	48	66	69	67	64	62	65	69	57
Parents W/Substance Abuse Issues	65	64	62	47	63	57	76	58	62	67	67	58	63	58	63	79	70	62	69	69	63
Children W/Substance Abuse Issues	25	26	30	37	41	39	33	31	56	25	23	35	33	29	35	25	19	23	31	39	53
Experienced Domestic Violence In Home	26	29	32	29	35	22	27	29	29	21	31	56	29	29	35	42	53	47	12	41	33
Little Or No Relationship With Father	61	63	65	47	57	55	60	64	62	52	54	65	71	60	54	54	74	66	65	69	65
Allegedly Sexually Abused	27	26	23	31	20	37	24	11	20	19	33	23	35	31	27	31	34	40	24	18	20